

2014

Reducing child neglect in Linn County Iowa utilizing the public health model

Jennifer April Barnett
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2014 Jennifer April Barnett

Follow this and additional works at: <https://scholarworks.uni.edu/etd>



Part of the [Public Health Commons](#)

Recommended Citation

Barnett, Jennifer April, "Reducing child neglect in Linn County Iowa utilizing the public health model" (2014). *Dissertations and Theses @ UNI*. 61.

<https://scholarworks.uni.edu/etd/61>

This Open Access Thesis is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Dissertations and Theses @ UNI by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

Copyright by

JENNIFER APRIL BARNETT

2014

All Rights Reserved

REDUCING CHILD NEGLECT IN LINN COUNTY IOWA

UTILIZING THE PUBLIC HEALTH MODEL

An Abstract of a Thesis

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Master of Arts

Jennifer April Barnett

University of Northern Iowa

May 2014

ABSTRACT

The issues that arise from child neglect cause a myriad of negative health outcomes. The objective of this thesis is to examine the use of the public health model as a preventive method in decreasing the incidence of child neglect.

This study was conducted utilizing a survey that obtained information from 333 parents in Linn County, Iowa. The survey was created to gather social norms related to parenting. The survey gathered data on personal parenting practices and opinions of parenting practices of others within the community. Univariate and bivariate analysis were conducted to report demographics, frequencies in responses and the difference between how respondents felt they parented compared to how they viewed others parent.

Results from the survey concluded that respondents viewed their own parenting practices more positively than how others parent. The data gathered from this thesis will be used to create and implement a culturally sensitive social norms marketing campaign that promotes positive parenting practices. Further research is needed related to child neglect and social norms marketing campaigns.

REDUCING CHILD NEGLECT IN LINN COUNTY IOWA

UTILIZING THE PUBLIC HEALTH MODEL

A Thesis

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Master of Arts

Jennifer April Barnett

University of Northern Iowa

May 2014

This Study by: Jennifer A. Barnett

Entitled: REDUCING CHILD NEGLECT IN LINN COUNTY IOWA
UTILIZING THE PUBLIC HEALTH MODEL

has been approved as meeting thesis requirements for the
Degree of Master of Arts.

Date

Dr. Catherine Zeman, Chair, Thesis Committee

Date

Dr. Thomas Davis, Thesis Committee Member

Date

Dr. Michele Devlin, Thesis Committee Member

Date

Dr. Michael J. Licari, Dean, Graduate College

DEDICATION

This thesis is dedicated to my daughter Ella.

ACKNOWLEDGEMENTS

This verse has carried me for several years now and it is once again appropriate for the occasion. “For I know the plans I have for you,” declared the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11.

Completing my Master of Arts degree has been one of the hardest but most fulfilling experiences of my life. I am truly blessed to have so many people in my life that no matter how hard things have gotten they have never given up on me, they helped push me through and motivated me to accomplish my goal.

I want to express my deepest gratitude to my daughter Ella. She was my inspiration to return to school and finish my graduate degree. I want her to know that with dedication and sacrifice any dream is possible.

I want to thank my family and friends for all of their help and for always believing in me. There are so many things that they have done for Ella and I that there is not any way for me to acknowledge them all. My heart overflows with love and appreciation for them all.

I want to thank Dr. Thomas Davis and Dr. Michele Devlin for being my thesis committee members and for their help and insight. I want to extend a special thank you to my committee chair, Dr. Catherine Zeman. Without her guidance and persistent help this thesis would not be possible. It was her faith in me and encouragement that helped me stay on track. She has been such an inspiration to me and a great mentor.

I want to thank the Linn Council for the Prevention of Child Abuse for giving me the opportunity to be a part of such a great cause.

TABLE OF CONTENTS

	PAGE
LIST OF TABLES.....	vii
CHAPTER 1. INTRODUCTION	1
Statement of the Problem.....	3
Significance of the Study	3
CHAPTER 2. LITERATURE REVIEW	4
Child Abuse and Neglect	4
Linn Council for the Prevention of Child Abuse	10
Prevention	13
Public Health Model	15
Social Norms.....	16
CHAPTER 3. METHODS.....	19
Study Design.....	19
CHAPTER 4. FINDINGS.....	22
Data Analysis	22
Demographics	22
Household	23
Community Resources	24
Safety	24
Personal Resources and Family Needs	27
Psychosocial and Community Support.....	31

CHAPTER 5. CONCLUSION.....	36
Summary	36
Recommendations.....	38
REFERENCES	40
APPENDIX A: HUMAN PARTICIPANTS REVIEW COMMITTEE	44
APPENDIX B: SAFE FROM THE START SURVEY	45
APPENDIX C: JMP UNIVARIATE JOURNAL.....	47
APPENDIX D: JMP BIVARIATE JOURNAL.....	76

LIST OF TABLES

TABLE	PAGE
1 Demographics	22
2 Household	23
3 Community Resources	24
4 Safety Questions Likert Scale.....	26
5 Safety Questions Pearson's Chi-Squared Test.....	27
6 Personal Resources and Family Needs Questions Likert Scale.....	29
7 Personal Resources and Family Needs Questions Pearson's Chi-Squared Test.....	30
8 Psychosocial and Community Support Questions Likert Scale.....	33
9 Psychosocial and Community Support Questions Pearson's Chi-Squared Test	35

CHAPTER 1

INTRODUCTION

Child abuse has been a public health problem for thousands of years. The prevalence of child abuse has reached epidemic proportions. Child abuse has effects on the overall health of a child that can lead into adulthood. Child neglect is a subset of child abuse and in recent years it has been given more attention because it has the highest incidence of all other types of child abuse. The focus of this thesis will be child neglect.

Per Iowa Department of Human Services (DHS; 2012) there are six categories that fall under neglect of children. Failure to provide adequate food, failure to provide adequate shelter, failure to provide adequate medical care, failure to provide adequate mental health care, gross failure to meet emotional needs and failure to provide proper supervision. In 2012, 80% of founded child abuse cases in Iowa fell into the neglect category.

Two subset categories of child abuse are physical and sexual abuse. The prevention of these two categories of abuse had been focused on for many years. Preventive methods that focused on these types of abuse have been implemented and proven to be successful. The methods that were utilized were not found to be effective in reducing child neglect. The methods to prevent child neglect are fairly new and those across the nation are coming together with the task of creating a framework to help communities combat child neglect.

According to the Center for Disease Control (CDC; 2013b) children that have been abused are at risk for a plethora of physical and mental health problems. Alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide and several chronic diseases are among the wide range of health issues caused by the mistreatment of children. Given these risks, there is a great need to focus on prevention.

There has been a push from those working to prevent abuse towards working with the public health model to successfully prevent child neglect. The public health model aims to prevent or decrease health problems at the population level. The model does this through first identifying risk factors (Hunter, 2011). The model then uses these risk factors to create interventions and policies aimed at prevention. The World Health Organization (WHO; 2006) explains that by identifying these risks factors and responding to problems quickly the long-term effects of problems are eliminated or minimized.

One successful method to decrease neglect is to utilize a social norms marketing (SNM) campaign that targets prevention at the community level rather than at the individual. This research will focus on completing a community norms survey to gather information on the current norms surrounding child neglect in the Linn County area. With the information gleaned from this data a positive SNM campaign will be created and implemented.

Statement of the Problem

Child abuse has reached epidemic proportions. All states have their own abuse categories and laws. Within Iowa there are ten categories of abuse and this thesis will focus on Iowa, specifically Linn County. One of these ten is child neglect (also referred to as denial of critical care). The child neglect category has the highest rate of suspected and confirmed cases out of all categories of abuse. According to Gelles and Perlman (2012) 1.25 million children in the United States have endured some type of child maltreatment. The National Center for Injury Prevention and Control (2013) reports that there were an estimated 3.7 million reports of child abuse and neglect in 2011. Of that 3.7 million reported, 78% of the cases reported were victims of neglect in the United States.

According to Prevent Child Abuse Iowa (2013), with data obtained from the DHS, 11,637 children were abused based on open cases in Iowa during 2012. Of those cases 4 out of 5 child abuse cases were due to child neglect.

Significance of the Study

With the high prevalence of child neglect it is necessary to implement strategies to prevent the incidence from rising and reduce the occurrence. This study focuses on child neglect and examines prevention strategies that have been effective. It utilizes the research within this area to help guide Linn County in lowering the rate of child neglect in its community.

CHAPTER 2

LITERATURE REVIEW

Child Abuse and Neglect

In regards to child abuse and neglect it is important to know they are distinct. There is often a misconception that the two are interchangeable. Child abuse is as an umbrella and child neglect is a category under that umbrella. Leeb, Paulozzi, Melanson, Simon, and Arias (2008) define child abuse as “words or overt actions that cause harm, potential harm, or threat of harm to a child. The following types of maltreatment involve acts of commission: physical abuse, sexual abuse, and psychological abuse” (p. 85). Commission refers to harm against the child.

Child neglect occurs when a caretaker does not meet the basic needs of a child. Child neglect includes failing to provide a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm (Leeb et al., 2008). “The following types of maltreatment involve acts of omission: failure to provide: physical neglect, emotional neglect, medical/dental neglect, educational neglect and failure to supervise” (Leeb et al., 2008). Failure to supervise involves not adequately supervising a child or exposing the child to violent environments. Omission refers to harming the child by failing to do something or failure to provide something for her or him.

According to the CDC (2013a) the Adverse Childhood Experiences (ACE) study conducted at Kaiser Permanente assessed associations between childhood maltreatment

and well-being and health later in life. The initial phase of the study was from 1995-1997 and more than 17,000 health maintenance organizations (HMO) members participated. Participants underwent a physical examination and answered a survey. The survey included questions regarding child maltreatment, family dysfunction and current health status. The study's findings proved that health and social problems are linked to negative childhood experiences.

Edwards, Holden, Felitti, and Anda (2003) utilized a survey to conduct a study that examined the relationship between multiple forms of childhood maltreatment and adult mental health. The study included 8,667 adult members of a HMO. Among participants 34.6% reported more than one type of maltreatment. Lower mean mental health scores were linked to higher number of abuse categories (no abuse mean= 78.5, one type of abuse mean= 75.5, two types of abuse mean= 72.8 and three abuse types mean= 69.9). There was a dose-response relationship found between the number of types of maltreatment and the mental health scores. The study found that abuse had significant effects on mental health scores.

Danese et al. (2009) completed a 32-year prospective longitudinal study of a representative birth cohort to gain an understanding of why being exposed to ACE increased risk for age-related diseases. The study included 1037 participants who were assessed during the first decade of life for being exposed to three adverse psychosocial experiences (being socioeconomic disadvantage, having been maltreated, and being socially isolated). Participants were then assessed at age 32 for presence of age-related disease risks. They found that maltreated children had a relative risk (RR) of 1.69 and

children who were highly socially isolated had a RR of 1.76 and were at greater risk for depression in adulthood. It was estimated that 31.6% of cases with depression were linked to having adverse childhood experiences. Children who were maltreated (RR= 1.56) and those that were highly socially isolated (RR: 1.60) were at greater risk for elevated inflammation levels. It was estimated that 13% with elevated inflammation were linked to their ACE. Danese et al. (2009) concluded that children exposed to adverse childhood experiences have elevated risk for age-related diseases due to the stress-sensitive biological system (nervous, immune and endocrine).

Many studies have been conducted on ACE and they continually show links to poorer mental and physical health. Simms, Hackers, Parker, Figuereo, and Bock (2013) conducted a longitudinal study that included 3,844 adolescents. They examined past and present ACE and the link these experiences had to depression and poor physical health. A 1 standard deviation (SD) change in the number of past ACE was associated with a -0.12 SD change in general health perception. A 1 SD change in the number of present ACE was associated with a -0.07 SD change in self-reports of general health. The effect size of association between number of ACE or general health perception was 1.7 times the effect size of present dosage. An increase in dosage of past and present ACE also increased symptoms of depression. A 1 SD change in dosage of past ACE was associated with a 0.08 SD change in self reports of depressive symptoms. A 1 SD change in dosage of present ACE was associated with a 0.04 SD change in self-reported symptoms of depression. The association between past dosages and perceptions of ones own general

health was two times the corresponding effect size for the present dose. This shows that as the number of ACE increases, mental and physical health became poorer.

Dube, Felitti, Dong, Giles, and Anda (2003) conducted a retrospective cohort study on the impacts of ACE on health problems. The study included 17,337 adult HMO members. Subjects completed a survey that assessed childhood abuse, household dysfunctions and their health. Adjusted odds ratios (OR) and 95% confidence intervals (CI) were obtained from several logistic regression models to examine the correlations between ACE scores and six health problems: depression, suicide attempts, multiple sexual partners, sexually transmitted diseases, smoking, and alcoholism. This was done across four successive birth cohorts: 1900-1931, 1932-1946, 1947-1961, and 1962-1978.

Within all cohorts the ACE score increased consistently with all health risks ($P < 0.05$). With every increase in the ACE score (between 0-8), the adjusted odds ratio increased. For depressed affect, sexually transmitted diseases, and multiple sexual partners gave a OR:1.2-1.3 per unit increase. An increase was also found within suicide attempts which resulted in an OR: 1.5-1.7. Within all cohorts an increase in the number of ACE caused an increase in health problems. This is showing that the stressful effects of child abuse have negative impacts on overall long term health.

A cross-study comparison of three separate longitudinal studies that looked at risk factors linked to neglect was conducted by Slack et al. (2011). The three studies were the Fragile Families and Child Wellbeing (FFCW), the Health Families New York (HFNY) and the Illinois Families Study-Child Wellbeing (IFS-CWB). The three studies had several differences and the overall study by Slack et al. had many limitations. With all

three studies economic hardship was a significant predictor of child neglect. The main predictors of neglect in the FFCW study were utilizing a food pantry (OR 2.62), having gas or electricity shut off (OR 2.39) and the inability to see a doctor (OR 2.00). The highest predictors of neglect in the HFNY study were having a child with a health problem (OR 2.58), being on food stamps (OR 2.12), and when the caregiver had to cut the size of meals (OR 2.09). Within the IFS-CWB study the top predictors of neglect in the families were utilizing food stamps (OR 2.42), using a food pantry (OR 2.33), and having the gas or electricity cut off (OR 3.47).

Herrenkohl, Hong, Klika, Herrenkohl, and Russo (2013) examined the association among abuse and neglect and adult mental health, substance use and physical health outcomes. The Beck Depression Inventory (BDI) was used to measure mental health, the Simple Screening Instrument for Substance Use (SSI-SA) was utilized to assess substance abuse problems and the Short Form 36 Health Survey (SF-36) was used to measure physical health. Results were compared between those that had been in the child welfare system and those that were never involved in the system. Results from the BRI showed that rates of moderate to severe depression were higher for those involved in child welfare than those that weren't (8.35 versus 5.59). The SSS-SA results showed that higher rates of lifetime alcohol problems for the child welfare group (19.4% versus 10.3%) and higher rates of moderate/high risks substance abuse from the child welfare group (19.4% versus 6.9%). For physical health 24.4% of the child welfare group reported their current health as poor/fair versus 9.7% for the comparison group.

Min, Minnes, Kim, and Singer (2013) completed a study involving 279 woman aged 31-39 and concluded that childhood maltreatment has ill effects that persist into adulthood. The study used the Childhood Trauma Questionnaire (CTQ) to assess childhood maltreatment and the SF-36 was used to measure physical health status. Child maltreatment was reported in more than 70% of the sample. A history of substance dependence was found in 42% of the women and a chronic medical condition was found in 59% of them.

Mills et al. (2013) completed a study of child maltreatment and the relation to adolescent mental health problems. Mother and child pairs were enrolled in this population-based birth cohort study. Children were assessed at 3-5 days, 6 months, 5 years old and again at 14 years old. Outcome variables were obtained from the Achenbach Youth Self-Report (YSR) questionnaire given to the youth at about 14 years old. At the 14 year follow up 5,098 YSR results were available for analysis. The two scales that were used were the internalizing behavior (anxiety and depression) and externalizing behavior (delinquency and aggression) and both had high internal reliability (Cronbach alpha 0.87 for each). Findings showed that neglect was the most commonly reported type of maltreatment comprising 6.9% of the cohort. Results were that those exposed to child maltreatment had higher rates of internalizing and externalizing behaviors when compared to peers who had not been abused. They also found a very strong association between maltreatment and adverse health outcomes particularly for those that suffered neglect and emotional abuse.

Jud, Landolt, Tatalias, Lach, and Lips (2012) completed a follow-up study of a hospital sample to assess the health-related quality of life (HRQoL) in children who had been abused. The sample was of 180 children from the University Children's Hospital in Zurich. Each participant was matched with a control. For children aged 6-16.5 years, HRQoL was measured using the KIDSCREEN-27 Quality of Life Questionnaire. Children below the age of 6 were assessed by their caregivers using the TNO-AZL Preschool Quality of Life Questionnaire (TAPQOL). Self-reports in the maltreated children above the age of 6 were significantly impaired when compared to the matched controls. The sample size of this study was small so another study with a larger sample size would be very beneficial.

Linn Council for the Prevention of Child Abuse

The Linn Council for the Prevention of Child Abuse (LCPCA) has been in existence since the 1980's. During that time, a number of prevention projects were piloted including parent education programs and crisis childcare. Today LCPCA offers individual membership which includes professionals from community organizations, parents and other community members dedicated to preventing child abuse in Linn County.

As with many councils and initiatives the progress of the Councils work ebbed and flowed. In early 2011 the group met to discuss the limited participation of the community within the council. Though the remaining members of the council were fully in support of primary prevention efforts the decreased number of members was making it difficult to be visible within the community and make an impact in the reduction of child

abuse. The council members saw a need for the council to make significant changes moving forward.

In 2011 the council went through a restructure. This included maintaining its individual identity and 501(c)3 status, but tapped into a network of aligned community organizations and initiatives to conduct much of its work. The goal of these partnerships was to help reinforce child abuse prevention as a priority in network organizations and also multiply the impact of the LCPCA efforts. In addition to individual membership a new category of organizational membership was created.

Within this category LCPCA sought partnership within participating agencies from Executive Directors to designate a representative from their organizations to be involved in the LCPCA effort. The goal was to pull together existing committees from multiple community initiatives and enlist them to carry out key child abuse prevention goals. Both responsibility and credit would be shared by the LCPCA and the participating network members.

In March 2011 decisions were made on how to move forth with the council. The next 12 months would be used as a transition year in moving LCPCA to the community network model. The work during the transition would include defining details of the model. They also approached and engaged key community partners in playing specific roles in the model. Long-term leadership was identified for the re-tooled LCPCA approach to put in place after the transition year. During this time a small group worked on the implementation details for the new model and acted as the Executive Team during

the transition year. No members from that team received LCPCA funds so conflict of interest issues were avoided.

Key community partners and members of the community were identified and brought to the table. With this step it was then time to move forward with the initiative. With guidance from the Iowa Quality Center the group came to a consensus on the themes the council would focus on with the neglect initiative. One of the themes was to obtain consensus on community norms related to key parenting practices. Once these were obtained the council would then promote the resulting norms in the community using a SNM campaign. This workgroup would lay the groundwork for the work for what the other workgroups needed to do. Through this work the LCPCA created the Safe From the Start initiative.

The council conducted a child neglect summit and brought in Mr. Dee Wilson, MSW, Director of the Northwest Institute for Children and Families at the University of Washington. Mr. Wilson has worked extensively with child abuse prevention programs and child protection services for over 30 years. He is an experienced author, presenter, and consultant. He helps communities across the country address child abuse and child neglect through his work with Casey Family Programs.

Mr. Wilson identified community-parenting norms as a promising practice for the prevention of child neglect. The workgroup utilized this as the driving force for their work. The goal was to have parents and community members provide their perspectives on key parenting issues and their input would be used to identify a set of broadly-held

and easy to understand parenting norms and expectations related to child well-being, as well as child neglect.

Francie Zimmerman, formerly with the Center for Study of Social Policy and the Doris Duke Charitable Foundation was hired as a consultant by the LCPCA to provided resources and guidance in the development of the Linn County initiative. Ms. Zimmerman has 30 years of experience in the child welfare system and has expertise in child neglect prevention. She has worked for nonprofit organizations, government agencies, and foundations all with a shared goal of improving the lives of children and families.

Prevention

In order to lower child neglect in Linn County a community approach was needed. Having an influence on the larger population will influence community members to adopt protective behaviors. This community level approach reaches many people within the target population. Even though high numbers of people need to be reached to increase the change within the community, the main behavior change agent is still the individual (DiClemente, Crosby & Kegler, 2009).

LCPCA found that in order for a public health strategy to be successful, agencies, and community members need to collaborate. The community tended to work in silos, unaware of what others were doing. Linn County is an extremely resource rich community, and the community as a whole needs to utilize this to their advantage in

order to reduce child neglect in Linn County. Focusing on prevention needed to be a goal of the entire community, and not just pockets of providers.

A ten-year research update review on child sexual abuse was completed by Frank W. Putman (2003). The study was a literature review of all English-language articles that were published after 1989 that had empirical data on child sexual abuse. *Medline* and *PSYCIInfo* computer searches were used to gather literature. In a meta-analysis of 16 evaluation studies of school-based education program they found success in the programs that taught self-protection skills. Of these programs, the most effective were those that allowed the participants the ability to practice the self-protection skills. The school-based education program's strategies are to teach how to identify potential abuse situations, show how to respond in a self protective fashion and the importance of telling a trusted adult if abuse is happening.

Home visitation programs were shown to reduce abuse and neglect by giving information, skills and support to overwhelmed at-risk parents. Some even had an impact on unemployment, marital friction and social isolation. Putman found that at a 15 year follow up high quality home visitation programs were shown to have a huge impact on primary prevention of child abuse and neglect. Though there is promise in prevention programs there are only few evaluations to show their effectiveness (2003). Putman's conclusion was that prevention efforts should be focused in the areas of child education awareness and home visitation programs (2003).

Prevention programs that focus on families with risk factors for abuse have the ability to intervene at an early stage and deter family involvement in the child welfare system. Fallon et al. (2013) research found that the success of prevention programs is dependent on how well the program design and implementation is tailored to the specific needs of families. The research showed that the lack of universal early prevention and intervention programs resulted in missed opportunities for preventing maltreatment in families that had risk factors for abuse.

Public Health Model

The goal of the LCPCA is to adopt a Public Health model for prevention of child neglect. They believe that using this strength-based approach of the model will help them be more successful in reducing neglect in Linn County. Their plan is to invite and gain support from the Linn County Public Health Department (LCPH). With collaboration with the LCPH the LCPCA feels the models population level focus will really push their initiative forward to reach more community members.

O'Donnell, Scott, and Stanley (2008) suggest utilizing the public health model to prevent child abuse and neglect. The article was written in hopes of giving a different perspective on ways to prevent child abuse and neglect. High levels of abuse allegations going to the child welfare system cause an increase in the need for resources. Media tends to focus on physical and sexual abuse. The majority of substantial cases are neither of these. Neglect and emotional abuse make up the majority of cases. Overloaded child protection services cause hasty assessments and premature case closings. O'Donnell et al.

(2008) claim that this causes extreme financial challenges: “money required to deal with the short-term effects of abuse including treatment of injuries, chronic health problems, mental health care and legal interventions, nor the long term indirect effects of child abuse which include special education, mental and physical health care, juvenile delinquency and adult criminality” (p. 326).

Zimmerman and Mercy (2010) suggest utilizing a range of preventive methods based off the public health model to decrease child neglect. They state that thus far preventive efforts have focused on the individual and family. This approach has been a successful method of prevention for child physical abuse and sexual abuse. Narrowing in on the individual and their families has been shown to not be effective in decreasing child neglect. Utilizing the public health model will change the focus to the community as a whole to decrease the prevalence of child neglect. Recently efforts have been moving towards a community based method of prevention. This puts an emphasis on the health of the whole population. Child abuse prevention is moving from reactive to proactive approaches. Scientific research is showing that the health of a community begins in childhood. It is much better to focus on prevention than on trying to fix the damage that has been done by child neglect.

Social Norms

Social norms are behaviors or attitudes that are acceptable within communities or groups of peers (Bacon & Becker, 2004). There are three guiding principles behind social norms. Firstly, all communities at large are protective and have healthy social norms. Secondly, these healthy positive norms about the community are commonly

misperceived, meaning a variety of people tend to overestimate negative or unhealthy behaviors that are happening in their own communities or amongst their peers. Thirdly, these misconceptions about actual healthy norms are harmful because people have a tendency to match their own attitudes and behavior to their thoughts of what their community or peers are doing.

Research studies are not available specifically on social norms and child neglect. A small body of research has been done on social norms and corporal punishment (CP). One of the studies that was completed obtained parents perceived social norms and attitudes towards CP. The study design was a stratified random-digit dial telephone survey that included a sample of 500 people (Taylor, Hamvas, Rice, Newman & DeJong, 2011). The study utilized the Attitudes Toward Spanking (ATS) questionnaire to measure parents own attitudes about corporal punishment. It was found that the strongest predictor of parents having a positive attitude towards CP was if they perceived that a professional they were likely to seek advice from was in support of CP. This study helps show that the misconceptions that the people have about how others think help guide their own personal behavior.

Social norms campaigns have been shown to be effective in decreasing negative health outcomes. Mattern and Neighbors (2004) completed a study related to social norms campaigns which included examining the relationship between changes in perceived norms and changes in students levels of drinking. Their sample included 474 students. The students completed a questionnaire related to their drinking and their perceptions of other college students drinking behaviors, a 5-week alcohol norming

intervention was done and then the questionnaire was repeated again. After the SMC typical quantity of drinks per occasion and frequency of alcohol consumption was lower. Limitations of the study were that there wasn't a control group, self reported measures of drinking behavior are subject to social desirability and that there could have been errors in recall.

A multi site randomized trial of SNM campaigns aimed at reducing drinking amongst college students were conducted and researched by DeJong et al. (2006). The study was a large-scale trial that included 18 colleges across the United States. The SNM campaigns were completed in hopes of driving down college drinking rates by correcting misconceptions of drinking norms. Results were that students that attended institutes that implemented SNM campaigns had lower relative risk of consuming alcohol than those that attended the control group institutes. This shows utilizing a SNM campaign to reduce child neglect has great promise.

CHAPTER 3

METHODS

Study Design

This study was approved by the Human Participants Review Committee by the University of Northern Iowa Institutional Review Board (Appendix A). Due to the nature of this study this approval was required. This approval was completed for the protection of human subjects.

LCPCA wanted to identify a set of community norms and a tool was not available that specifically looked at social norms and neglect. LCPCA developed a survey that gathered community input to identify key norms in Linn County (Appendix B). Feedback was given from Dr. John Linkenbach, Director of Center for Health & Safety Culture at Montana State University. Dr. Linkenbach has extensive experience working with community norms. He is considered a national expert on social norms marketing and social norm surveys.

Once the survey was created it was pilot tested at Taylor Elementary School in Cedar Rapids, Iowa. All surveys were anonymous and participation was completely voluntary. Due to the nature of the survey and that it related to child abuse a mental health crisis line phone number was provided as a resource for respondents if they needed it. The survey was given out to parents at a family fun fair. Parents were asked to complete the survey and were then given the opportunity to be placed into a drawing. The drawing was for gift cards to a local gas station. Once a parent completed the survey they

were entered into the drawing and every 15 minutes a name was drawn to win the prize. Suggestions were made from the parents taking the survey. The council took these suggestions and made changes to the survey.

The “Safe From The Start” initiative finalized the format of the parent survey related to community parenting norms. Both a paper version and an on-line version were used to collect the data. The hope was that the on-line version would be a means to obtain widespread input from parents in the Linn County community. The paper version was generally used by community agencies that have face-to-face contact with groups of parents that utilize services within the community.

The survey asked questions pertaining to parenting. The first page of the survey has questions pertaining to demographics and personal parenting practices. The second page of the survey asked about community resources that the respondent used and also for their opinions on parenting practices of others in their community. The survey utilized a likert 5-point scale.

For ease of reading data analysis, questions were split into three categories that will be used for subheadings in Chapter 5. The first category of questions relates to safety of children. The second category of questions relates to personal resources and family needs. The third category contains questions related to psychosocial and community supports.

Univariate analyses were used to report frequency distributions and mean scores. These analyses were done on all questions and were used to report demographics and

frequencies of responses to the likert 5-point scale. Bivariate analysis of Pearson's chi-squared test were conducted to report the difference between how the respondent felt about their own parenting and how they thought others parented.

The statistical software package JMP 10 from SAS was used to analyze the results from the parent survey. Univariate analyses were conducted to report descriptive statistics, this was done through the use of frequency distribution and mean scores (Appendix C). Bivariate analysis were completed using Pearson's chi-square test to report the difference between how the respondent opinion of how they felt about their own parenting compared to how they felt about others parenting (Appendix D).

CHAPTER 4

FINDINGS

Data AnalysisDemographics

Respondents were asked for their demographic information. Of the respondents 90% were female and 10% were male. Respondents identified themselves as 1.5% African, 4% African American, 1% Asian, 1.5% Brazilian, 90% Caucasian, and 2% Hispanic. The highest percentage of respondents (60%) claimed to be of an average family income, 21% reported income higher than most others and 19% claimed having income lower than most other people (Table 1). Respondents were between the ages of 20 to 69 years old and the average age was 35 years old.

Table 1

Demographics

Demographic	Variable	Frequency	Total
Gender	Female	90%	295
	Male	10%	32
Ethnicity	African	1.5%	1
	African American	4%	13
	Asian	1%	4
	Brazilian	1.5%	1
	Caucasian	90%	271
	Hispanic	2%	8
Family Income	Average	60%	193
	Higher than most	21%	67
	Lower than most	19%	63

Household

The largest amount of respondents came from homes that had two adults living in them (76%), 19% of homes only had one adult living there, 4% had three adults living there and 1% had four adults living within the same household. All respondents had children at home. According to the composition of the households 60% had at least one child between 0-5 years old, 62% had at least one child from 6-12 years old and 70% had at least one child between 13-18 years old (Table 2).

Table 2

Household

Household	Number	Frequency	Total
Adults in home	1	19%	60
	2	76%	246
	3	4%	13
	4	1%	3
Children 0-5	1	60%	129
	2	34%	74
	3	5%	10
	4	1%	3
Children 6-12	1	.5%	1
	2	62%	103
	3	3%	5
	4	.5%	1
Children 13-18	1	70%	46
	2	27%	18
	3	3%	2

Community Resources

A large majority of the survey participants used community resources. A high number (298) used at least one community resource and only 35 respondents did not use any resources that were listed (Table 3). Respondents used between one and nine resources listed and the median was 3.5 resources.

Table 3

Community Resources

Resource	Total
School activities for families	214
Parenting classes or group	60
Food bank	24
Home visiting	26
Church or faith based activities for families	163
Programs for fathers	6
Support group (AA, NA, other)	23
Recreational activities (scouts, sports teams)	202
Public library activities for children and families	178
Mental health services	56
Preschool program (head start, child care center)	56

Safety

The majority of respondents (85%) believed that they knew how to childproof their home to protect their kids from getting hurt, 11% were neutral and 4% disagreed and felt they did not know how to childproof their home. Almost all (98%) believe that they knew how babies should sleep so the baby could breathe safely. All of the respondents believed adults need to carefully supervise young children inside and outside

of their homes, and to make sure they don't wander off. Of responses, 82% felt they had responsible family and friends in this area whom they could sometimes ask to "babysit," 10% were neutral and 8% disagreed and felt they did not have someone they could ask to watch their children. In an emergency, 82% reported that they have people who care about their family and are ready to help, 4% were neutral and 4% disagreed (Table 4). When asked at what age do you think your child can be left on their own the median age was 12 years old (maximum 18 and minimum 7).

Of respondents 42% agreed, 38% were neutral and 20% disagreed that most local parents have childproofed their homes to protect their kids from getting hurt. 54% answered that they agreed, 33% were neutral and 13% disagreed that most local parents know how babies should sleep so they breathe safely. The respondents felt that most local parents believe adults need to carefully supervise young children inside and outside of their homes and to make sure they don't wander off, with 55% agreeing, 22% that were neutral and 23% disagreeing. In regards to the statement that in an emergency, most local parents have people who care about their family and are ready to help, 48% agreed, 37% were neutral and 15% disagreed. When asked at what age do most local parents think a child can be left on their own the median age was 10 years old (maximum 16 and minimum 5).

Table 4

Safety Questions Likert Scale

Questions	Agree	Neutral	Disagree	Total
1. I have childproofed my home to protect my kids from getting hurt	85%	11%	4%	305
21. Most local parents have childproofed their homes to protect their kids from getting hurt	42%	38%	20%	272
2. I know how babies should sleep so they breathe safely	98%	2%	0%	303
22. Most local parents know how babies should sleep so they breathe safely	54%	33%	13%	271
3. I believe adults need to carefully supervise young children inside and outside of their homes, and to make sure they don't wander off	100%	0%	0%	307
23. Most local parents believe adults need to carefully supervise young children inside and outside of their homes, and to make sure they don't wander off	55%	22%	23%	272
4. I have responsible family and friends in this area whom I sometimes can ask to "babysit".	82%	10%	8%	303
24. Most local parents have responsible family and friends in this area whom they sometimes can ask to "babysit".	39%	42%	19%	270
5. In an emergency, I have people who care about my family and are ready to help.	92%	4%	4%	309
25. In an emergency, most local parents have people who care about my family and are ready to help.	48%	37%	15%	272

In almost all of the questions in the safety category the Pearson's chi-squared test scores show that respondents felt that they believed they kept their children safer compared to what other parents were doing. No respondents answered disagree to the

question related to the safety of children inside and outside of the homes so this caused a very low chi-square score of 0.398 (Table 5).

Table 5

Safety Questions Pearson's Chi-Squared Test

Questions	DF	ChiSquare	Prob>Chisq	Total
1. I have childproofed my home to protect my kids from getting hurt 21. Most local parents have childproofed their homes to protect their kids from getting hurt	16	29.818	0.0190	268
2. I know how babies should sleep so they breathe safely 22. Most local parents know how babies should sleep so they breathe safely	8	15.145	0.0564	270
3. I believe adults need to carefully supervise young children inside and outside of their homes, and to make sure they don't wander off 23. Most local parents believe adults need to carefully supervise young children inside and outside of their homes, and to make sure they don't wander off	4	.398	0.9827	271
4. I have responsible family and friends in this area whom I sometimes can ask to "babysit". 24. Most local parents have responsible family and friends in this area whom they sometimes can ask to "babysit".	16	17.836	0.3336	265
5. In an emergency, I have people who care about my family and are ready to help. 25. In an emergency, most local parents have people who care about my family and are ready to help.	16	59.278	<.0001	272

Personal Resources and Family Needs

Of respondents 82% reported having enough money to meet their family's basic needs. Fifty three percent agreed that there are times when they do not know what to do

as a parent, 19% were neutral and 28% disagree that they knew what to do as a parent. A high majority (79%) felt they were able to ask for help when their family needed it, 14% were neutral and 7% disagreed that they would be able to ask for help. A large majority (84%) wanted to be able to help other parents or families. Almost all (98%) believed that children should never be around when adults are using illegal drugs or drinking to excess only 2% were neutral on this issue. Ninety five percent felt that they have reliable transportation to get themselves and their kids where we need to go, 19% were neutral and 15% did not feel they had reliable transportation (Table 6).

In response to the statement most local parents have enough money to meet their family's basic needs 26% agreed, 41% neutral and 33% disagreed. There are times when most local parents do not know what to do as a parent. There was a higher percentage (65%) of those that agreed that most local parents want to help other parents or families, 27% were neutral in response and 8% disagreed. When asked if most local parents believe children should never be around when adults are using illegal drugs or drinking in excess 30% agreed, 38% were neutral and 32% disagreed. In regards to if most local parents have reliable transportation to get them and their kids where they need to go 36% agreed, 42% were neutral and 23% disagreed. When asking if someone needs help, most local parents know about useful community resources (for food, housing, etc.) 27% agreed, 39% felt neutral and 34% disagreed with this statement.

Table 6

Personal Resources and Family Needs Questions Likert Scale

Questions	Agree	Neutral	Disagree	Total
6. I have enough money to meet my family's basic needs	82%	12%	6%	309
26. Most local parents have enough money to meet their family's basic needs.	26%	41%	33%	270
7. There are times when I do not know what to do as a parent	53%	19%	28%	307
27. There are times when most local parents do not know what to do as a parent	65%	27%	8%	272
8. I ask for help when my family needs it	79%	14%	7%	307
28. Most local parents ask for help when their family needs it	30%	38%	32%	271
11. I believe children should never be around when adults are using illegal drugs or drinking to excess	84%	15%	1%	306
31. Most local parents believe children should never be around when adults are using illegal drugs or drinking to excess	59%	28%	13%	270
15. I have reliable transportation to get me and my kids where we need to go	95%	2%	3%	307
35. Most local parents have reliable transportation to get them and their kids where we need to go.	36%	41%	23%	268
16. If someone needs help, I know about useful community resources (for food, housing, etc.).	66%	19%	15%	306
36. If someone needs help, most local parents know about useful community resources (for food, housing, etc).	27%	39%	34%	270

In the category of personal resources and family needs all of the Pearson's chi-squared test scores show that respondents felt that they had more of the resources that they need compared to what other parents had (Table 7).

Table 7

Personal Resources and Family Needs Questions Pearson's Chi-Squared Test

Questions	DF	ChiSquare	Prob>Chisq	Total
6. I have enough money to meet my family's basic needs				
26. Most local parents have enough money to meet their family's basic needs.	16	31.130	0.0130	270
7. There are times when I do not know what to do as a parent				
27. There are times when most local parents do not know what to do as a parent	16	60.248	<.0001	270
8. I ask for help when my family needs it				
28. Most local parents ask for help when their family needs it	16	22.265	0.1348	269
11. I believe children should never be around when adults are using illegal drugs or drinking to excess				
31. Most local parents believe children should never be around when adults are using illegal drugs or drinking to excess	12	45.679	<.0001	270
15. I have reliable transportation to get me and my kids where we need to go				
35. Most local parents have reliable transportation to get them and their kids where we need to go.	12	13.745	0.3173	267
16. If someone needs help, I know about useful community resources (for food, housing, etc.).				
36. If someone needs help, most local parents know about useful community resources (for food, housing, etc.).	16	26.550	0.0468	268

Psychosocial and Community Support

When asked if they felt there are enough affordable, family-friendly activities in my community 37% agreed, 36% neutral and 27% disagreed. Thirty seven percent felt that an adult in their household has experienced depression sometime during the last 12 months, 8% neutral and 35% disagreed. Fifty eight percent felt they have a job schedule and work rules that do not conflict with my family responsibilities, 42% neutral, and 25% disagree. Of respondents 33% felt that community resources for parents are available at convenient times and places, 42% neutral and 25% disagreed. Sixty six percent agreed that if someone needs help, they know about useful community resources (for food, housing, etc.), 19% neutral and 15% disagree. Almost all respondents (99%) believed that not meeting the needs of a young child can harm that child's developing brain. A very high portion (97%) of respondents were happy when they were with their child. When asked if they believe children need safe, stable, and caring relationships to be successful in life 99% agreed and 1% disagreed. A high proportion (81%) agreed that they live in a community where they feel they "belong" and are respected by others (Table 8).

There was a higher percentage (45%) that disagreed that most local parents feel there are enough affordable, family-friendly activities in our community, 34% were neutral and 21% agreed. When asked if a parent in most local households has experiences depression sometime during the last 12 months 38% agreed, 48% were neutral and 14% disagreed. Nineteen of respondents agreed, 48 were neutral and 33% disagreed that most local parents feel that community resources for parents are available at convenient times and places. When asked if someone needs help, most local parents know about useful

community resources (for food, housing, counseling, etc.) 27% agreed with this statement, 39% were neutral and 34% disagreed. The results when asked if most local parents believe that not meeting the needs of a young child can hard the child's developing brain 59% agreed, 36% were neutral and 5% disagreed. When asked if most local parents are happy when they are with their child 59% agreed other parents were happy with their children, 36% were neutral in their responses and 5% and felt other parents were not happy when they were with their child. The highest percentage of responses (63%) felt that most local parents believe children need safe, stable, and caring relationships to be successful in life, 29% were neutral and 8% disagreed. Over half of respondents (52%) felt neutral on whether most local parents felt they lived in a community where they felt they "belonged" and were respected by others, 34% agreed they felt a sense of belonging and 14% disagreed.

Table 8

Psychosocial and Community Supports Questions Likert Scale

Questions	Agree	Neutral	Disagree	Total
10. I feel there are enough affordable, family-friendly activities in my community	37%	36%	27%	307
30. Most local parents feel there are enough affordable, family-friendly activities in their community	21%	34%	45%	270
12. An adult in my household has experienced depression sometime during the last 12 months	37%	8%	35%	304
32. A parent in most local households has experienced depression sometime during the last 12 months	38%	48%	14%	269
13. I have a job schedule and work rules that do not conflict with my family responsibilities	58%	17%	25%	304
33. Most local parents have job schedules and work rules that do not conflict with family responsibilities	18%	35%	47%	271
14. I feel that community resources for parents are available at convenient times and places	33%	42%	25%	306
34. Most local parents feel that community resources for parents are available at convenient times and places	19%	48%	33%	271
17. I believe that not meeting the needs of a young child can harm that child's developing brain	99%	1%		306
37. Most local parents believe that not meeting the needs of a young child can harm that child's developing brain	52%	35%	13%	271
18. I am happy when I'm with my child	97%	25	1%	306
38. Most local parents are happy when they are with their child	59%	36%	5%	272
19. I believe children need safe, stable, and caring relationships to be successful in life	99%		1%	308
39. Most local parents believe children need safe, stable, and caring relationships to be successful in life	63%	29%	8%	267 (table continues)

Questions	Agree	Neutral	Disagree	Total
20. I live in a community where I feel I “belong” and am respected by others	81%	16%	3%	305
40. Most local parents live in a community where they feel they “belong” and are respected by others	34%	52%	14%	272

In almost all of the questions in the psychosocial and community supports category the Pearson’s chi-squared test scores show that respondents felt that they had supports in place in their lives and within the community to help them compared to what they thought other parents had. There were no respondents that answered disagree to the question related to children needing safe, stable and caring relationships to be successful in life so this caused a very low chi-square score of 5.749 (Table 9).

Table 9

Psychosocial and Community Supports Questions Pearson's Chi-Squared Test

Questions	DF	ChiSquare	Prob>Chisq	Total
10. I feel there are enough affordable, family-friendly activities in my community 30. Most local parents feel there are enough affordable, family-friendly activities in their community	16	139.551	<.0001	269
12. An adult in my household has experienced depression sometime during the last 12 months 32. A parent in most local households has experienced depression sometime during the last 12 months	16	56.961	<.0001	267
13. I have a job schedule and work rules that do not conflict with my family responsibilities 33. Most local parents have job schedules and work rules that do not conflict with family responsibilities	16	30.235	0.0168	268
14. I feel that community resources for parents are available at convenient times and places 34. Most local parents feel that community resources for parents are available at convenient times and places	16	91.667	<.0001	269
17. I believe that not meeting the needs of a young child can harm that child's developing brain 37. Most local parents believe that not meeting the needs of a young child can harm that child's developing brain	12	31.455	0.0017	270
18. I am happy when I'm with my child 38. Most local parents are happy when they are with their child	12	29.886	0.0029	271
19. I believe children need safe, stable, and caring relationships to be successful in life 39. Most local parents believe children need safe, stable, and caring relationships to be successful in life	3	5.749	0.1245	267
20. I live in a community where I feel I "belong" and am respected by others 40. Most local parents live in a community where they feel they "belong" and are respected by others	16	95.445	<.0001	269

CHAPTER 5

CONCLUSION

Summary

Research shows that child neglect has serious impacts on overall health. The physical and mental health problems that are caused by neglect can have impacts that last a lifetime. Neglect should be seen as a major health issue and the public health model needs to be used to help prevent neglect from occurring.

The public health model takes a neutral approach and uses data driven processes. The model creates public awareness of key issues. This model includes establishing positive community norms that can be used in media messaging to make population level changes. It uses prevention and early intervention strategies that are research and evidenced based to decrease negative health outcomes.

LCPCA has done much work in the area of child abuse prevention. Creation and the gathering of data from the parent survey is very innovative, as proven by groups around the country that are awaiting results to follow suit with what LCPCA has done and to see what the plans are moving forward.

The survey was completed to gather information on how local parents approach a variety of parenting challenges and situations. The survey gathered input from area parents and community organizations. LCPCA believes local parents do a lot of positive things every day to keep their children safe and to help them grow. Their goal with the

survey was to identify these positive parenting practices and to promote them within the community.

Survey results illustrated that parents continually viewed their own parenting skills more positively than those of other parents in the community. The frequency and chi-square scores were almost always higher and in favor of themselves compared to other parents. Research related to social norms shows that when respondents misperceive norms they are more likely to be influenced by the misconception. When looking at the negative attitudes, if respondents perceive that others are engaging in negative parenting practices, they themselves are more likely to feel they have permission to engage in poor parenting practices.

A high majority of the respondents utilized resources within the community but results showed that they did not feel other parents knew about or used the resources that the community offered. These questions regarding community resources may be used to give guidance for needed changes in community systems, agency policies or broader public policy.

One limitation of the study is that the data was self-reported, which may have caused bias in the information. With self-reporting, the subjects could have been leery to accurately report experiences that were difficult for them to deal with due to the personal nature of the questions.

Another limitation of the study was the majority of respondents were female (90%) and Caucasian (90%). The ethnic demographics from the survey are comparable to

Linn County 2010 census data but it is still important that the sample offer a wider range of diversity for the social norms campaign to be accepted by various populations within the community. With further use of the survey, targeted efforts need to be made to ensure a more diverse sample is gathered.

Recommendations

The Technology of Participation (TOP) Focused Conversations method will be utilized to supplement the data obtained from the parent survey and be included in the SNM campaign. This method was developed by the Institute for Cultural Affairs and will be conducted by trained facilitators. These Focused Conversation groups will be held within Linn County to gather qualitative data. This method will delve deeper into the community norms related to parenting and gather insights on strategies to strengthen families and prevent neglect.

Data gleaned from the parent surveys and focused conversations will be used to create a SNM campaign. With social norms, people tend to behave how they see others behave. The survey results are going to be used to promote positive community norms on key neglect factors. This public service campaign will include brochures, billboards, newspaper articles, radio, television and various forms of social media outlets.

Focus groups should be completed with diverse ethnic populations within Linn County. These focus groups should be done to obtain information from these groups on the types of marketing strategies that will work to make the campaign culturally sensitive

and effective. The focus groups and the marketing campaign need to take into account lower literacy rates within the population and be created accordingly.

A marketing consultant will be hired to design a brand for the Safe From the Start Initiative. A logo and other design elements will be created to be used on all materials. The brand will be unified and recognizable and be used for all activities and initiatives sponsored by Safe From the Start. Options for the communication content will be field tested with Linn County families to help determine what language and images work best to convey a prevention message.

It is recommended that further research is done in the area of neglect and social norms marketing campaigns. Research of this nature was not found during the review of the literature. Further research in this area will provide valuable data for use in the prevention of child neglect.

Research has shown that early prevention programs, school based education programs and home visitation programs are effective. The earlier providers can access families and provide services the better. It would be of great benefit for LCPCA to focus its resources towards programs such as these.

REFERENCES

- Bacon, W., & Becker R. (2004). *Changing Social Norms*. [online]. Available from: <http://recapp.etr.org/recapp/index.cfm?fuseaction=pagestopicsinbriefdetail&pageID=36> [Assessed February 2014].
- Center for Disease Control and Prevention (2013a). *Adverse Childhood Experiences (ACE) Study*. [online]. Available from: <http://www.cdc.gov/ace/> [Assessed 22 September 2013].
- Center for Disease Control and Prevention. (2013b). *Prevent Child Maltreatment*. [online] Available from: <http://www.cdc.gov/Features/HealthyChildren> [Assessed 15 July 2013].
- Danese, A., Moffitt, T. E., Harrington, H., Milne, B. J., Polanczyk, G., Pariante, C. M., ... Caspi, A. (2009). Adverse Childhood Experiences and Adult Risk Factors for Age-Related Disease: Depression, Inflammation, and Clustering of Metabolic Risk Markers. *Archives of Pediatrics & Adolescent Medicine*, 163(12), 1135.
- DeJong, W., Schneider, S. K., Towvim, L. G., Murphy, M. J., Doerr, E. E., Simonsen, N. R., & Scribner, R. A. (2006). A Multisite Randomized Trial of Social Norms Marketing Campaigns to Reduce College Student Drinking. *Journal of Studies on Alcohol & Drugs*, 67(6), 868-879.
- Department of Human Services (2012). *An Overview of Child Neglect Reports, Assessments and Findings in Linn County for Calendar Year 2012*. Cedar Rapids, IA: Linn County Human Services.
- DiClemente, R.J., Crosby, R.A., & Kegler, M. (2009). *Emerging Theories in Health Promotion Practice and Research*. San Francisco, CA: Jossey-Bass.

- Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The Impact of Adverse Childhood Experiences on Health Problems: Evidence from Four Birth Cohorts Dating Back to 1900. *Preventative Medicine, 37*(2003), 268-277.
- Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship Between Multiple Forms of Childhood Maltreatment and Adult Mental Health in Community Respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry, 160*(8), 1453-1460.
- Fallon, B., Ma, J., Allan, K., Pillhofer, M., Trocmé, N., & Jud, A. (2013). Opportunities for Prevention and Intervention With Young Children: Lessons from the Canadian Incidence Study of Reported Child Abuse and Neglect. *Child and Adolescent Psychiatry and Mental Health, 7*(1), 1-13.
- Gelles, R.J., & Perlman, S. (2012). *Estimated Annual Cost of Child Abuse and Neglect*. Chicago, IL: Prevent Child Abuse America.
- Herrenkohl, T. I., Hong, S., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2013). Developmental Impacts of Child Abuse and Neglect Related to Adult Mental Health, Substance Use, and Physical Health. *Journal of Family Violence, 28*(2), 191-199.
- Hunter, C. (2011). *Defining the Public Health Model for the Child Welfare Services Context*. Australia: Australian Institute of Family Studies.
- Jud, A., Landolt, M. A., Tatalias, A., Lach, L. M., & Lips, U. (2012). Health-Related Quality of Life in the Aftermath of Child Maltreatment: Follow-up Study of a Hospital Sample. *Quality of Life Research, 22*, 1361-1369.

- Leeb, R.T., Paulozzi, L., Melanson, C., Simon, T., & Arias I. (2008). *Child Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0*. Atlanta GA: Center for Disease Control and Prevention, National Center for Injury Prevention and Control. [online] Available from: <http://www.cdc.gov/violenceprevention/pub/cmp-surveillance.html> [Accessed 19 May 2013].
- Mattern, J. & Neighbors, C. (2004). Social Norms Campaigns: Examining the Relationship Between Changes in Perceived Norms and Changes in Drinking Levels. *Journal of Studies on Alcohol and Drugs*, 65(4), 489-493.
- Mills, R., Scott, J., Alati, R., O'Callaghan, M., Najman, J. M., & Strathearn, L. (2013). Child Maltreatment and Adolescent Mental Health Problems in a Large Birth Cohort. *Child Abuse & Neglect*, 37, 292-302.
- Min, M. O., Minnes, S., Kim, H., & Singer, L. T. (2013). Pathways Linking Childhood Maltreatment and Adult Physical Health. *Child Abuse & Neglect*, 37(2013), 361-373.
- National Center for Injury Prevention and Control (2013). *Child maltreatment, facts at a glance*. [online] Available at: <http://www.cdc.gov/violenceprevention/pdf/cm-data-sheet--2013.pdf> [Assessed 1 October 2013].
- O'Donnell, M., Scott, D., & Stanley, F. (2008). Child Abuse and Neglect—Is It Time For a Public Health Approach? *Australian and New Zealand Journal of Public Health*, 32(4), 325-330.
- Prevent Child Abuse Iowa (2013). *Child abuse data*. [online] Available at: <http://www.pcaiowa.org/child-abuse/child-abuse-data/> [Assessed 14 September 2013]
- Putnam, F. W. (2003). Ten-Year Research Update Review: Child Sexual Abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 269-278.

- Simms, K., Hackers, D., Parker, A., Figuereo., & Bock, S. (2013). Do Past Present or Adverse Relationship Experiences Have a Greater Impact on Mental and Physical Health? *Advances in Mental Health, 11*(2), 122-130.
- Slack, K. S., Berger, L. M., DuMont, K., Yang, M. Y., Kim, B., Ehrhard-Dietzel, S., & Holl, J. L. (2011). Risk and Protective Factors for Child Neglect During Early Childhood: a Cross-Study Comparison. *Children and Youth Services Review, 33*(8), 1354-1363.
- Taylor, C.A., Hamvas, L., Rice, J., Newman, D.L., & DeJong W. (2011). Perceived Social Norms, Expectations, and Attitudes Towards Corporal Punishment Among Urban Community Sample of Parents. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 88*(2), 254-269.
- World Health Organization. (2006). *Preventing Child Maltreatment: A Guide to Talking Action and Generating Evidence*. Geneva: WHO Press.
- Zimmerman, F., & Mercy, J. A. (2010). A Better Start: Child Maltreatment Prevention as a Public Health Priority. *Zero to Three, 30*(5), 4-10.

APPENDIX A
HUMAN PARTICIPANTS REVIEW COMMITTEE

Office of Research and Sponsored Programs



Human Participants Review Committee
UNI Institutional Review Board (IRB)
213 East Bartlett

Jennifer Barnett
815 G. Avenue NW
Cedar Rapids, IA 52405

Re: IRB 14-0076

Dear Ms. Barnett:

Your study Reducing Child Neglect in Linn County has been approved by the UNI IRB effective 10/29/13, following a review of your application performed by IRB member Christopher Larimer, Ph.D. You may begin enrolling subjects in your project.

Modifications: If you need to make changes to your study procedures, samples, or sites, you must request approval of the change before continuing with the research. Changes requiring approval are those that may increase the social, emotional, physical, legal, or privacy risks to participants. Your request may be sent to me by mail or email.

Problems and Adverse Events: If during the study you observe any problems or events pertaining to participation in your study that are *serious* and *unexpected* (e.g., you did not include them in your IRB materials as a potential risk), you must report this to the IRB within 10 days. Examples include unexpected injury or emotional stress, missteps in the consent documentation, or breaches of confidentiality. You may send this information to me by mail or email.

Expiration Date: Your study is Exempt from continuing review.

Closure: Your study is Exempt from standard reporting and you do not need to submit a Project Closure form.

Forms: Information and all IRB forms are available online at <http://www.uni.edu/rsp/protection-human-research-participants>

If you have any questions about Human Participants Review policies or procedures, please contact me at 319.273.6148 or at anita.gordon@uni.edu. Best wishes for your project success.

Sincerely,

A handwritten signature in blue ink that reads "Anita M. Gordon".

Anita M. Gordon, Ph.D.
IRB Administrator

Cc Catherine Zeman, Faculty Advisor

APPENDIX B

SAFE FROM THE START SURVEY

Safe From The Start: reaching families raising kids

A local planning group (including several parents) is conducting this survey to find out how our community can be of more help to families raising kids. **"I choose to participate in this confidential, voluntary survey. I understand that I can decline without any negative consequence"** Yes ___ No ___
ABOUT YOU: ___ Male ___ Female My racial/ethnic identity ___ Zip ___ My age ___ # of adults in home: ___
 # of children in home: ___ 0-5 yrs ___ 6-12 yrs ___ 13-18 yrs My family's income is: ___ Higher than most ___ Average ___ Lower than most.

Thinking just about YOUR OWN FAMILY		Strongly Disagree	Disagree (No)	Neutral	Agree (Yes)	Strongly Agree
circle the number that best describes how much you disagree or agree with the statement.						
1	I have childproofed my home to protect my kids from getting hurt .	1	2	3	4	5
2	I know how babies should sleep so they breathe safely.	1	2	3	4	5
3	I believe adults need to carefully supervise young children inside and outside of their homes and to make sure they don't wander off.	1	2	3	4	5
4	I have responsible family and friends in this area whom I sometimes can ask to "babysit".	1	2	3	4	5
5	In an emergency, I have people who care about my family and are ready to help.	1	2	3	4	5
6	I have enough money to meet my family's basic needs.	1	2	3	4	5
7	There are times when I do <u>not</u> know what to do as a parent.	1	2	3	4	5
8	I ask for help when my family needs it.	1	2	3	4	5
9	I want to help other parents or families.	1	2	3	4	5
10	I feel there are enough affordable, family-friendly activities in my community.	1	2	3	4	5
11	I believe children should NEVER be around when adults are using illegal drugs or drinking to excess.	1	2	3	4	5
12	An adult in my household has experienced depression sometime during the last 12 months.	1	2	3	4	5
13	I have a job schedule and work rules that do NOT conflict with my family responsibilities.	1	2	3	4	5
14	I feel that community resources for parents are available at convenient times and places.	1	2	3	4	5
15	I have reliable transportation to get me and my kids where we need to go.	1	2	3	4	5
16	If someone needs help, I know about useful community resources (for food, housing, etc.)	1	2	3	4	5
17	I believe that <u>NOT</u> meeting the needs of a young child can harm that child's developing brain.	1	2	3	4	5
18	I am happy when I'm with my child.	1	2	3	4	5
19	I believe children need safe, stable and caring relationships to be successful in life.	1	2	3	4	5
20	I live in a local community where I feel I "belong" and am respected by others.	1	2	3	4	5

At what age do you think your child can be left on their own? _____ At what age do most local parents think a child can be left on their own? _____

Over the past 12 months, have you participated in any of the following (check all that you have done):

School activities for families
 Church or Faith Based activities for families
 Parenting Classes or Group
 Programs for Fathers
 Food Bank
 Support Group (AA, NA or other)
 Home Visiting
 Recreation activities (Scouts, sport teams)

Public Library activities for children or families
 Mental Health Services
 Preschool Program (Head Start, child care center)

Circle 1 or 2 of the ways you prefer to get information: Phone Voice Mail Email Text Facebook Websites

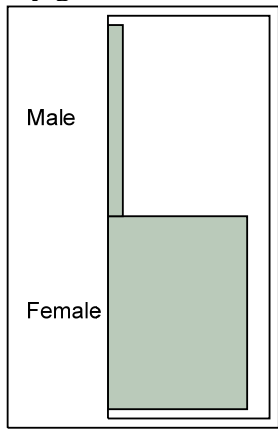
Now, thinking about OTHER LOCAL PARENTS (in the Cedar Rapids metro and Linn County areas)...		Strongly Disagree	Disagree (No)	Neutral	Agree (Yes)	Strongly Agree
21	Most local parents have childproofed their homes to protect their kids from getting hurt.	1	2	3	4	5
22	Most local parents know how babies should sleep so they breathe safely.	1	2	3	4	5
23	Most local parents believe adults need to carefully supervise young children inside and outside of their homes and to make sure they don't wander off.	1	2	3	4	5
24	Most local parents have responsible family and friends in this area whom they sometimes can ask to "babysit".	1	2	3	4	5
25	In an emergency, most local parents have people who care about their family and are ready to help.	1	2	3	4	5
26	Most local parents have enough money to meet their family's basic needs.	1	2	3	4	5
27	There are times when most local parents do not know what to do as a parent.	1	2	3	4	5
28	Most local parents ask for help when their family needs it.	1	2	3	4	5
29	Most local parents want to help other parents or families.	1	2	3	4	5
30	Most local parents feel there are enough affordable, family-friendly activities in our community.	1	2	3	4	5
31	Most local parents believe children should NEVER be around when adults are using illegal drugs or drinking to excess.	1	2	3	4	5
32	A parent in most local households has experienced depression sometime during the last 12 months.	1	2	3	4	5
33	Most local parents have job schedules and work rules that do NOT conflict with family responsibilities.	1	2	3	4	5
34	Most local parents feel that community resources for parents are available at convenient times and places.	1	2	3	4	5
35	Most local parents have reliable transportation to get them and their kids where they need to go.	1	2	3	4	5
36	If someone needs help, most local parents know about useful community resources (for food, housing, counseling etc).	1	2	3	4	5
37	Most local parents believe that NOT meeting the needs of a young child can harm the child's developing brain.	1	2	3	4	5
38	Most local parents are happy when they are with their child.	1	2	3	4	5
39	Most local parents believe children need safe, stable and caring relationships to be successful in life.	1	2	3	4	5
40	Most local parents live in a community where they feel they "belong" and are respected by others.	1	2	3	4	5

If this survey brings up difficult personal issues you want to talk about, Foundation 2 Crisis Line is available as a community resource at 1-800-332-4224

APPENDIX C

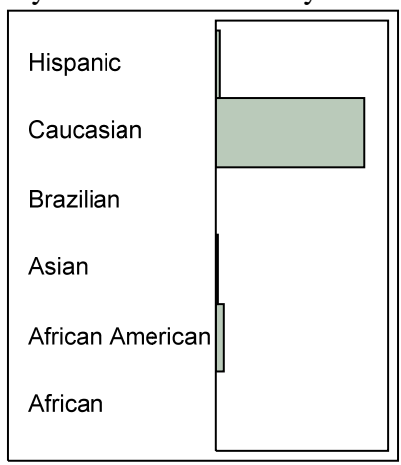
JMP UNIVARIATE JOURNAL

My gender



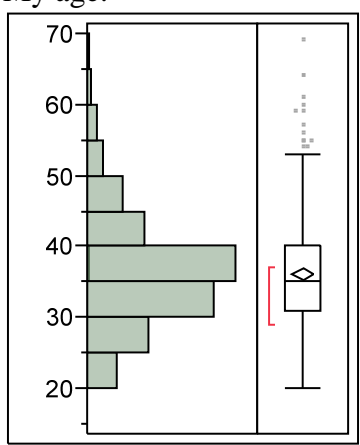
Level	Count	Prob
Female	295	0.90214
Male	32	0.09786
Total	327	1.00000

My racial/ethnic identity. Cleanup



Level	Count	Prob
African	1	0.00336
African American	13	0.04362
Asian	4	0.01342
Brazilian	1	0.00336
Caucasian	271	0.90940
Hispanic	8	0.02685
Total	298	1.00000

My age:



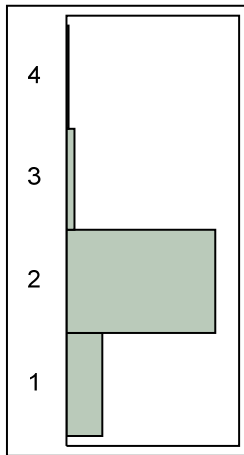
Quantiles

100.0%	maximum	69
99.5%		66.025
97.5%		56.025
90.0%		46.1
75.0%	quartile	40
50.0%	median	35
25.0%	quartile	31
10.0%		27.9
2.5%		22
0.5%		20
0.0%	minimum	20

Summary Statistics

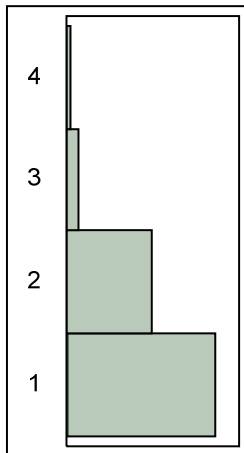
Mean	36.172956
Std Dev	7.9214375
Std Err Mean	0.4442122
Upper 95% Mean	37.046933
Lower 95% Mean	35.298979
N	318

Number of adults in my home:



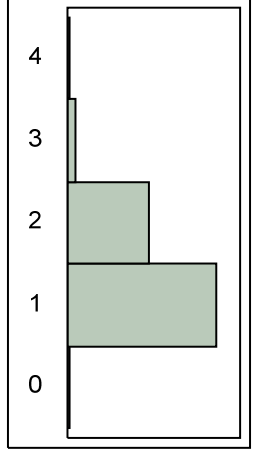
Level	Count	Prob
1	60	0.18634
2	246	0.76398
3	13	0.04037
4	3	0.00932
Total	322	1.00000

of children in home aged 0-5?



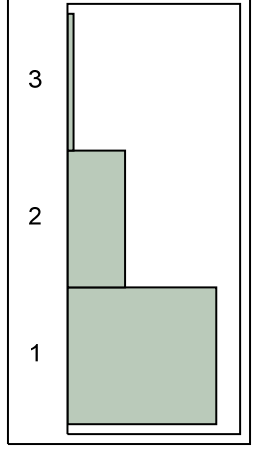
Level	Count	Prob
1	129	0.59722
2	74	0.34259
3	10	0.04630
4	3	0.01389
Total	216	1.00000

of children in home 6-12?



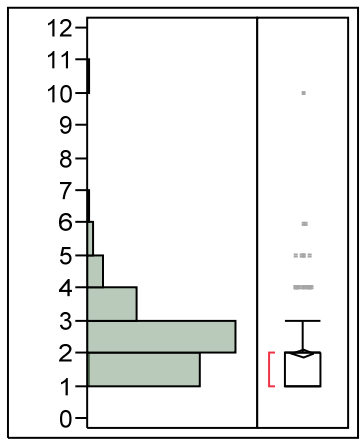
Level	Count	Prob
0	1	0.00599
1	103	0.61677
2	57	0.34132
3	5	0.02994
4	1	0.00599
Total	167	1.00000

of children in home 13-18?



Level	Count	Prob
1	46	0.69697
2	18	0.27273
3	2	0.03030
Total	66	1.00000

of children in home. Cleanup



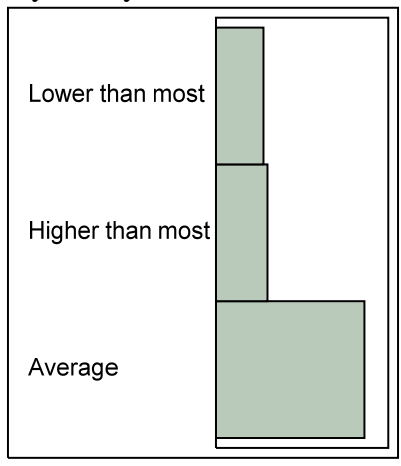
Quantiles

100.0%	maximum	10
99.5%		7.54
97.5%		4.925
90.0%		3
75.0%	quartile	2
50.0%	median	2
25.0%	quartile	1
10.0%		1
2.5%		1
0.5%		1
0.0%	minimum	1

Summary Statistics

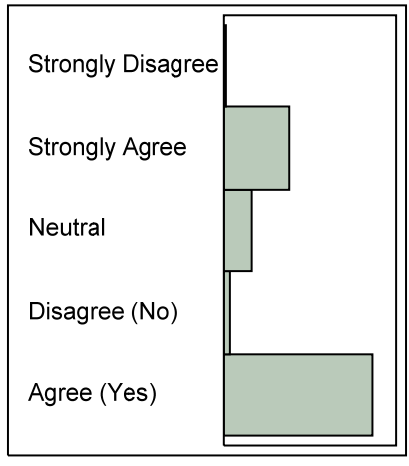
Mean	1.9968944
Std Dev	1.0545804
Std Err Mean	0.0587695
Upper 95% Mean	2.1125164
Lower 95% Mean	1.8812724
N	322

My family's income is:



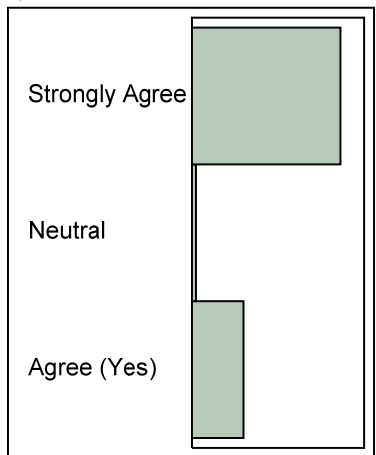
Level	Count	Prob
Average	193	0.59752
Higher than most	67	0.20743
Lower than most	63	0.19505
Total	323	1.00000

1) I have childproofed my home to protect my kids from getting hurt .



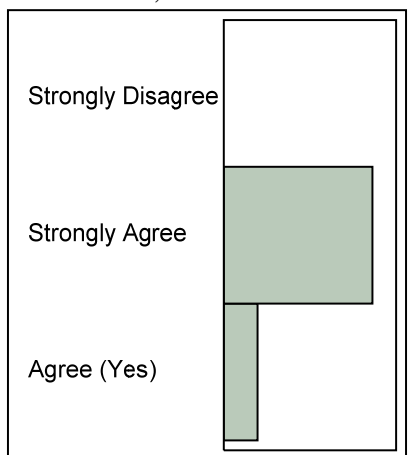
Level	Count	Prob
Agree (Yes)	180	0.59016
Strongly Agree	80	0.26230
Neutral	35	0.11475
Disagree (No)	8	0.02623
Strongly Disagree	2	0.00656
Total	305	1.00000

2) I know how babies should sleep so they breathe safely.



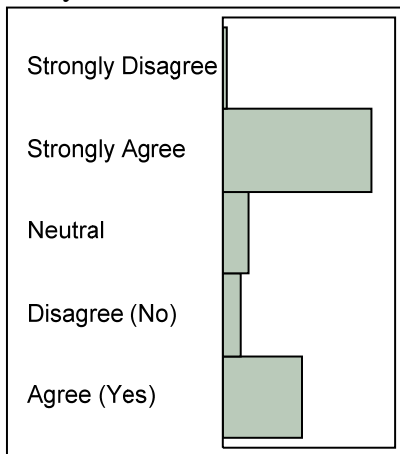
Level	Count	Prob
Strongly Agree	223	0.72403
Neutral	7	0.02273
Agree (Yes)	78	0.25325
Total	308	1.00000

3) I believe adults need to carefully supervise YOUNG CHILDREN inside and outside of their homes, and to make sure they don't wander off.



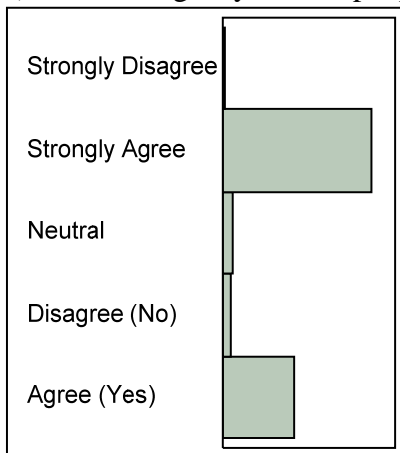
Level	Count	Prob
Strongly Disagree	1	0.00326
Strongly Agree	248	0.80782
Agree (Yes)	58	0.18893
Total	307	1.00000

4) I have responsible family and friends in this area whom I sometimes can ask to “babysit”.



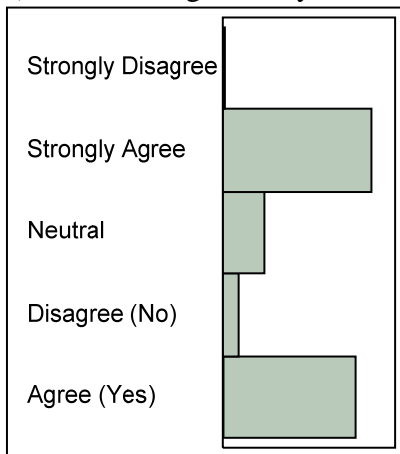
Level	Count	Prob
Agree (Yes)	88	0.29043
Disagree (No)	19	0.06271
Neutral	29	0.09571
Strongly Agree	162	0.53465
Strongly Disagree	5	0.01650
Total	303	1.00000

5) In an emergency, I have people who care about my family and are ready to help.



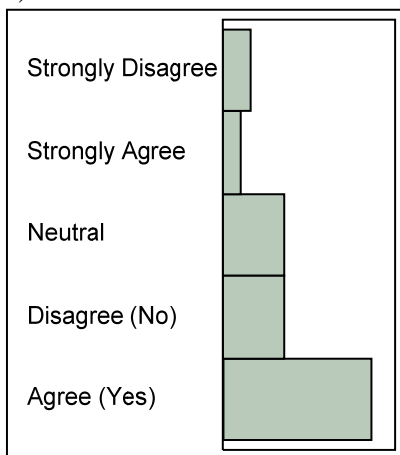
Level	Count	Prob
Agree (Yes)	93	0.30097
Disagree (No)	10	0.03236
Neutral	12	0.03883
Strongly Agree	192	0.62136
Strongly Disagree	2	0.00647
Total	309	1.00000

6) I have enough money to meet my family's basic needs.



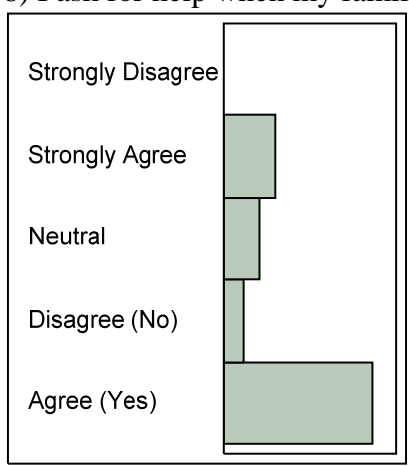
Level	Count	Prob
Agree (Yes)	121	0.39159
Disagree (No)	14	0.04531
Neutral	38	0.12298
Strongly Agree	134	0.43366
Strongly Disagree	2	0.00647
Total	309	1.00000

7) There are times when I do NOT know what to do as a parent.



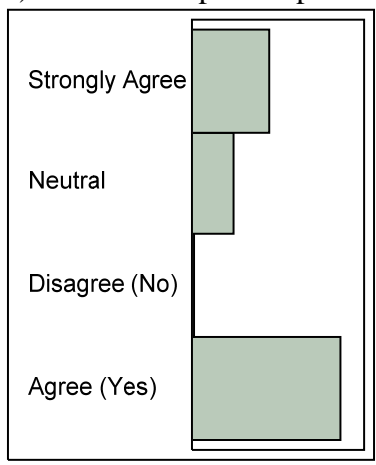
Level	Count	Prob
Agree (Yes)	143	0.46580
Disagree (No)	60	0.19544
Neutral	60	0.19544
Strongly Agree	17	0.05537
Strongly Disagree	27	0.08795
Total	307	1.00000

8) I ask for help when my family needs it.



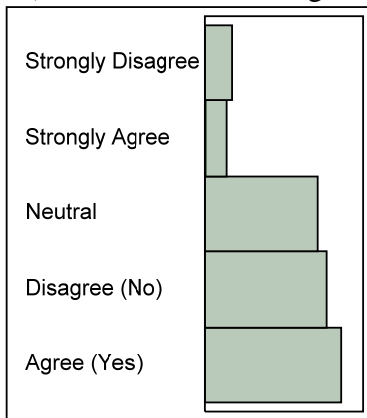
Level	Count	Prob
Agree (Yes)	178	0.57980
Disagree (No)	23	0.07492
Neutral	42	0.13681
Strongly Agree	63	0.20521
Strongly Disagree	1	0.00326
Total	307	1.00000

9) I want to help other parents or families.



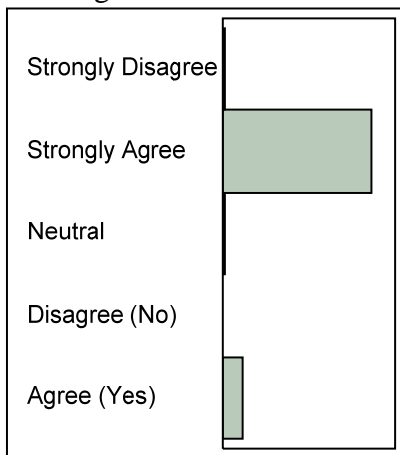
Level	Count	Prob
Agree (Yes)	168	0.54902
Disagree (No)	2	0.00654
Neutral	48	0.15686
Strongly Agree	88	0.28758
Total	306	1.00000

10) I feel there are enough affordable, family-friendly activities in my community.



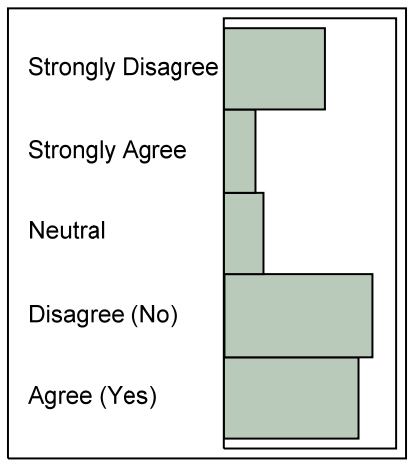
Level	Count	Prob
Agree (Yes)	99	0.32248
Disagree (No)	89	0.28990
Neutral	83	0.27036
Strongly Agree	16	0.05212
Strongly Disagree	20	0.06515
Total	307	1.00000

11) I believe children should NEVER be around when adults are using illegal drugs or drinking to excess.



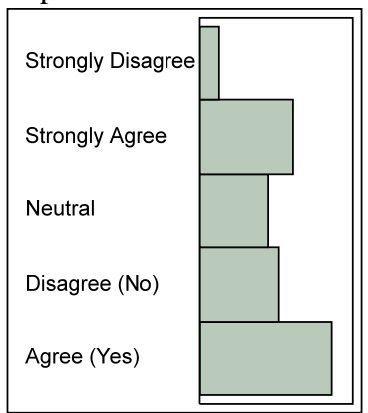
Level	Count	Prob
Agree (Yes)	36	0.11688
Disagree (No)	1	0.00325
Neutral	5	0.01623
Strongly Agree	264	0.85714
Strongly Disagree	2	0.00649
Total	308	1.00000

12) An adult in my household has experienced depression sometime during the last 12 months.



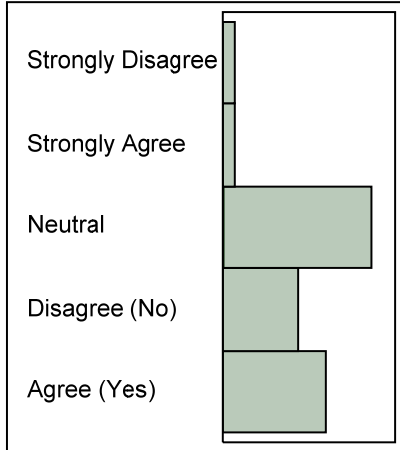
Level	Count	Prob
Agree (Yes)	90	0.29605
Disagree (No)	99	0.32566
Neutral	26	0.08553
Strongly Agree	21	0.06908
Strongly Disagree	68	0.22368
Total	304	1.00000

13) I have a job schedule and work rules that do NOT conflict with my family responsibilities.



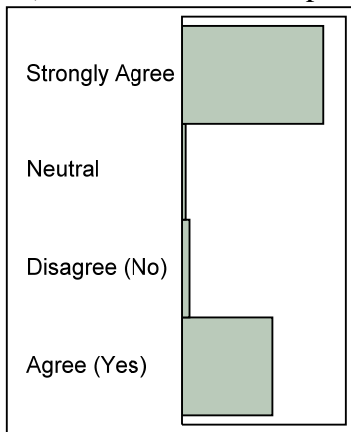
Level	Count	Prob
Agree (Yes)	102	0.33553
Disagree (No)	61	0.20066
Neutral	53	0.17434
Strongly Agree	73	0.24013
Strongly Disagree	15	0.04934
Total	304	1.00000

14) I feel that community resources for parents are available at convenient times and places.



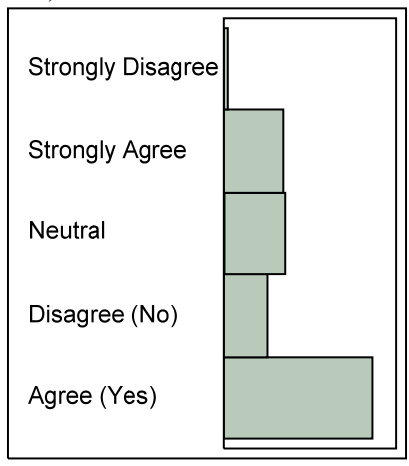
Level	Count	Prob
Agree (Yes)	90	0.29412
Disagree (No)	66	0.21569
Neutral	129	0.42157
Strongly Agree	11	0.03595
Strongly Disagree	10	0.03268
Total	306	1.00000

15) I have reliable transportation to get me and my kids where we need to go.



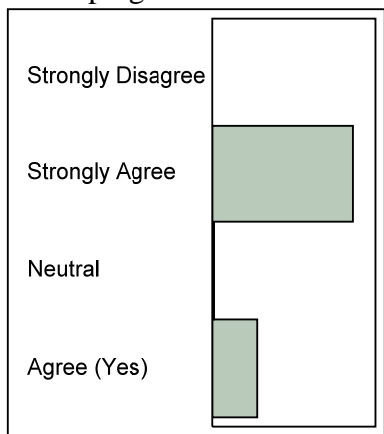
Level	Count	Prob
Agree (Yes)	115	0.37459
Disagree (No)	10	0.03257
Neutral	5	0.01629
Strongly Agree	177	0.57655
Total	307	1.00000

16) If someone needs help, I know about useful community resources (for food, housing, etc.)



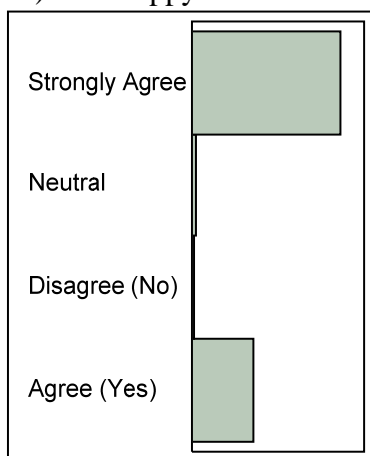
Level	Count	Prob
Agree (Yes)	144	0.47059
Disagree (No)	43	0.14052
Neutral	59	0.19281
Strongly Agree	57	0.18627
Strongly Disagree	3	0.00980
Total	306	1.00000

17) I believe that NOT meeting the needs of a young child can harm that child's developing brain.



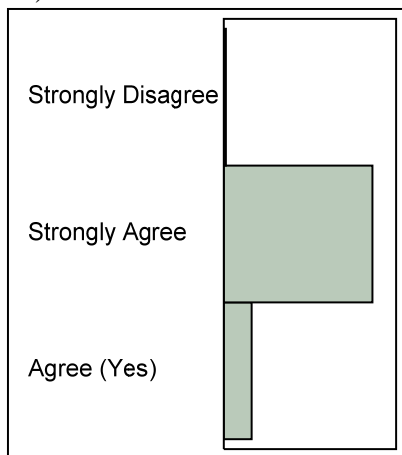
Level	Count	Prob
Agree (Yes)	74	0.24183
Neutral	3	0.00980
Strongly Agree	228	0.74510
Strongly Disagree	1	0.00327
Total	306	1.00000

18) I am happy when I'm with my child.



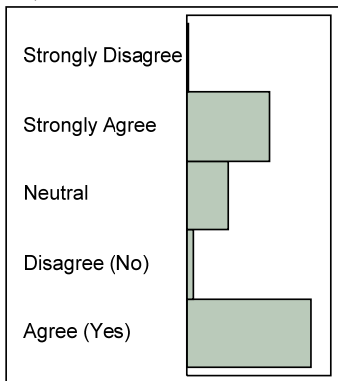
Level	Count	Prob
Agree (Yes)	87	0.28431
Disagree (No)	2	0.00654
Neutral	5	0.01634
Strongly Agree	212	0.69281
Total	306	1.00000

19) I believe children need safe, stable and caring relationships to be successful in life.



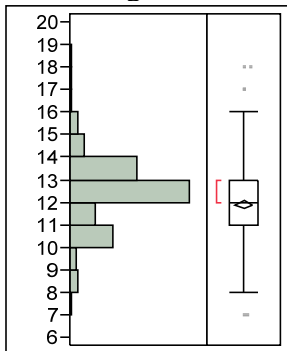
Level	Count	Prob
Agree (Yes)	47	0.15260
Strongly Agree	259	0.84091
Strongly Disagree	2	0.00649
Total	308	1.00000

20) I live in a local community where I feel I “belong” and am respected by others.



Level	Count	Prob
Agree (Yes)	149	0.48852
Disagree (No)	7	0.02295
Neutral	49	0.16066
Strongly Agree	99	0.32459
Strongly Disagree	1	0.00328
Total	305	1.00000

At what age do YOU think your child can be left on their own? Cleanup

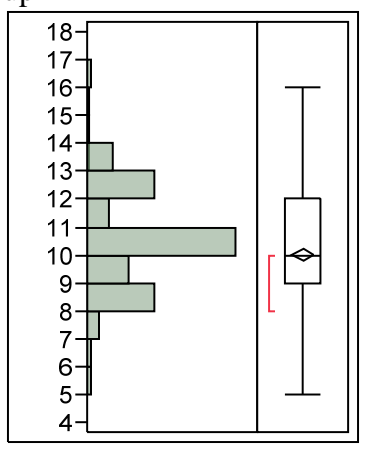


Quantiles		
100.0%	maximum	18
99.5%		18
97.5%		15.25
90.0%		13
75.0%	quartile	13
50.0%	median	12
25.0%	quartile	11
10.0%		10
2.5%		8
0.5%		7
0.0%	minimum	7

Summary Statistics

Mean	11.925651
Std Dev	1.641933
Std Err Mean	0.1001104
Upper 95% Mean	12.122753
Lower 95% Mean	11.728548
N	269

At what age do MOST LOCAL PARENTS think a child can be left on their own? Clean up



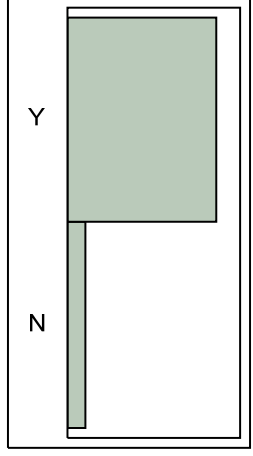
Quantiles

100.0%	maximum	16
99.5%		16
97.5%		13
90.0%		12
75.0%	quartile	12
50.0%	median	10
25.0%	quartile	9
10.0%		8
2.5%		7
0.5%		5
0.0%	minimum	5

Summary Statistics

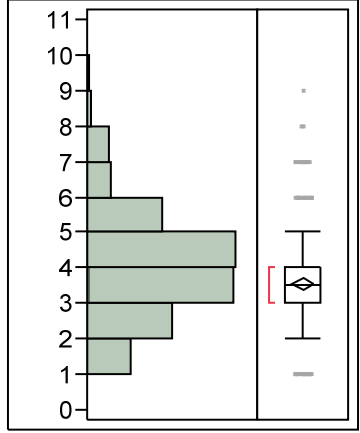
Mean	10.04878
Std Dev	1.8086128
Std Err Mean	0.1153129
Upper 95% Mean	10.275912
Lower 95% Mean	9.8216493
N	246

Have you utilized services? Clean up



Level	Count	Prob
No	35	0.10511
Yes	298	0.89489
Total	333	1.00000

How many services? Cleanup

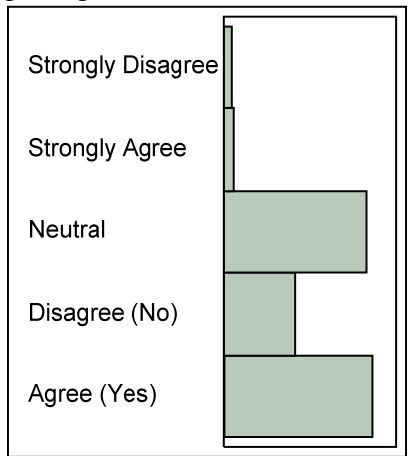


Quantiles		
100.0%	maximum	9
99.5%		8.505
97.5%		7
90.0%		5
75.0%	quartile	4
50.0%	median	3.5
25.0%	quartile	3
10.0%		2
2.5%		1
0.5%		1
0.0%	minimum	1

Summary Statistics

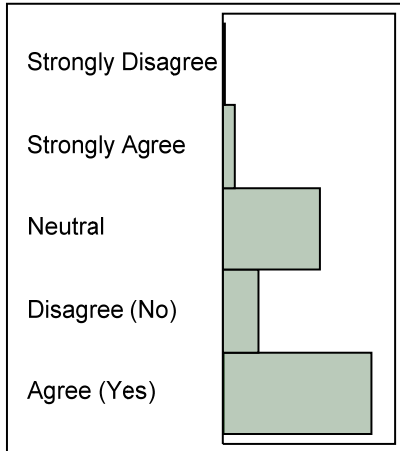
Mean	3.5738255
Std Dev	1.5163262
Std Err Mean	0.0878384
Upper 95% Mean	3.7466901
Lower 95% Mean	3.4009609
N	298

21) MOST LOCAL PARENTS have childproofed their home to protect their kids from getting hurt .



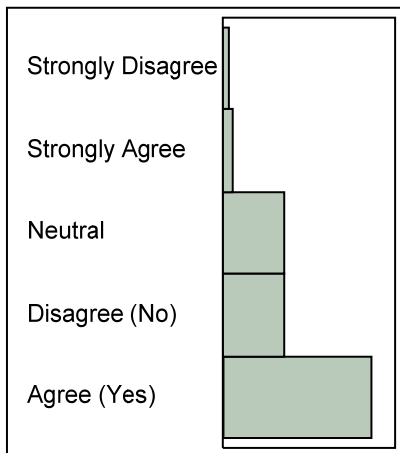
Level	Count	Prob
Agree (Yes)	106	0.38971
Disagree (No)	51	0.18750
Neutral	103	0.37868
Strongly Agree	7	0.02574
Strongly Disagree	5	0.01838
Total	272	1.00000

22) MOST LOCAL PARENTS know how babies should sleep so they breathe safely.



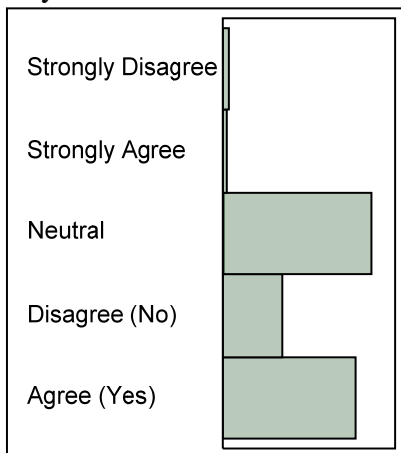
Level	Count	Prob
Agree (Yes)	136	0.50185
Disagree (No)	32	0.11808
Neutral	90	0.33210
Strongly Agree	11	0.04059
Strongly Disagree	2	0.00738
Total	271	1.00000

23) MOST LOCAL PARENTS believe adults need to carefully supervise YOUNG CHILDREN inside and outside of their homes, and to make sure they don't wander off.



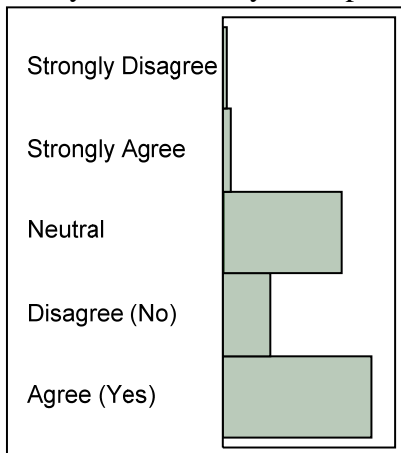
Level	Count	Prob
Agree (Yes)	141	0.51838
Disagree (No)	58	0.21324
Neutral	59	0.21691
Strongly Agree	9	0.03309
Strongly Disagree	5	0.01838
Total	272	1.00000

24) MOST LOCAL PARENTS have responsible family and friends in this area whom they sometimes can ask to “babysit”.



Level	Count	Prob
Agree (Yes)	102	0.37778
Disagree (No)	46	0.17037
Neutral	114	0.42222
Strongly Agree	3	0.01111
Strongly Disagree	5	0.01852
Total	270	1.00000

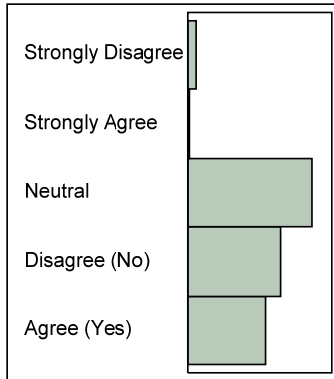
25) In an emergency, MOST LOCAL PARENTS have people who care about their family and are ready to help.



Level	Count	Prob
Agree (Yes)	123	0.45221
Disagree (No)	39	0.14338
Neutral	99	0.36397
Strongly Agree	7	0.02574

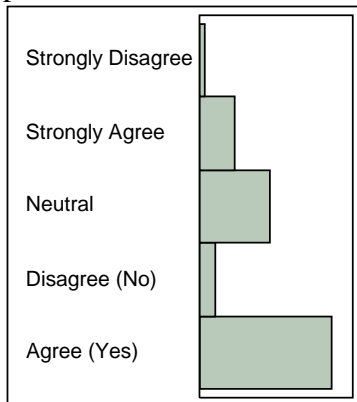
Level	Count	Prob
Strongly Disagree	4	0.01471
Total	272	1.00000

26) MOST LOCAL PARENTS have enough money to meet their family's basic needs.



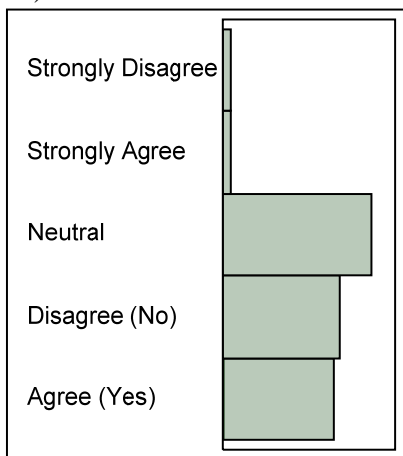
Level	Count	Prob
Agree (Yes)	69	0.25556
Disagree (No)	82	0.30370
Neutral	110	0.40741
Strongly Agree	2	0.00741
Strongly Disagree	7	0.02593
Total	270	1.00000

27) There are times when MOST LOCAL PARENTS do NOT know what to do as a parent.



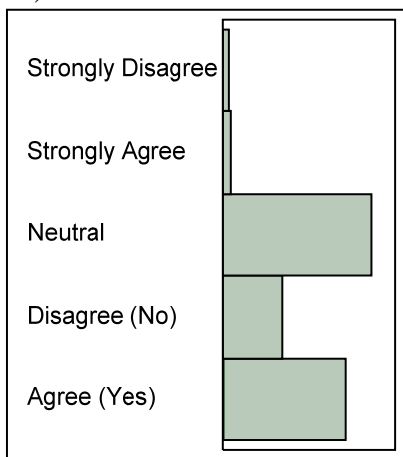
Level	Count	Prob
Agree (Yes)	139	0.51103
Disagree (No)	17	0.06250
Neutral	74	0.27206
Strongly Agree	37	0.13603
Strongly Disagree	5	0.01838
Total	272	1.00000

28) MOST LOCAL PARENTS ask for help when their family needs it.



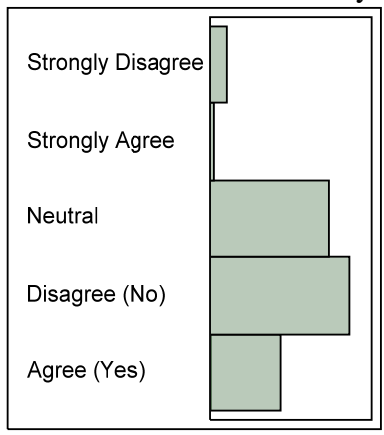
Level	Count	Prob
Agree (Yes)	77	0.28413
Disagree (No)	81	0.29889
Neutral	102	0.37638
Strongly Agree	6	0.02214
Strongly Disagree	5	0.01845
Total	271	1.00000

29) MOST LOCAL PARENTS want to help other parents or families.



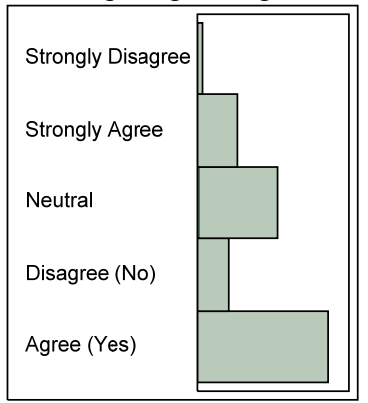
Level	Count	Prob
Agree (Yes)	96	0.35688
Disagree (No)	46	0.17100
Neutral	116	0.43123
Strongly Agree	7	0.02602
Strongly Disagree	4	0.01487
Total	269	1.00000

30) MOST LOCAL PARENTS feel there are enough affordable, family-friendly activities in their community.



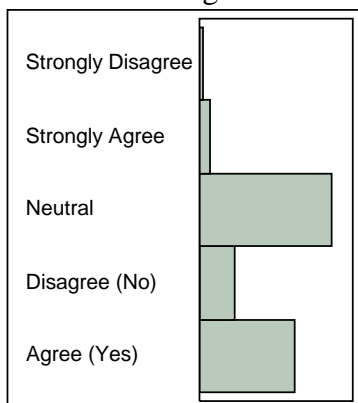
Level	Count	Prob
Agree (Yes)	55	0.20370
Disagree (No)	107	0.39630
Neutral	92	0.34074
Strongly Agree	3	0.01111
Strongly Disagree	13	0.04815
Total	270	1.00000

31) MOST LOCAL PARENTS believe children should NEVER be around when adults are using illegal drugs or drinking to excess.



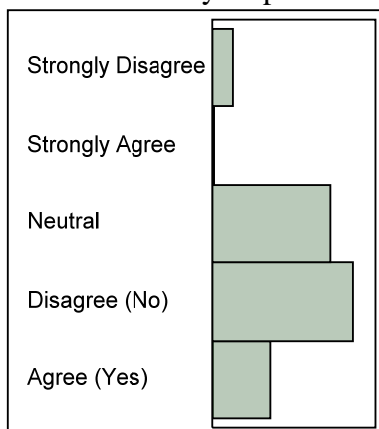
Level	Count	Prob
Agree (Yes)	122	0.45185
Disagree (No)	30	0.11111
Neutral	75	0.27778
Strongly Agree	38	0.14074
Strongly Disagree	5	0.01852
Total	270	1.00000

32) An adult in MOST LOCAL PARENTS' household has experienced depression sometime during the last 12 months.



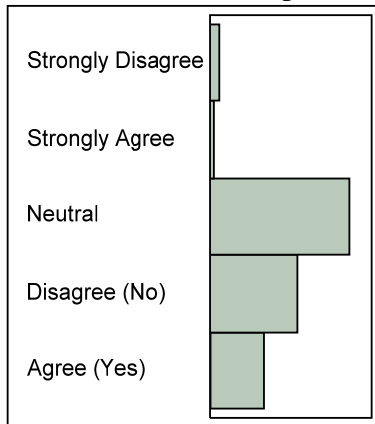
Level	Count	Prob
Agree (Yes)	92	0.34201
Disagree (No)	35	0.13011
Neutral	128	0.47584
Strongly Agree	11	0.04089
Strongly Disagree	3	0.01115
Total	269	1.00000

33) MOST LOCAL PARENTS have job schedules and work rules that do NOT conflict with their family responsibilities.



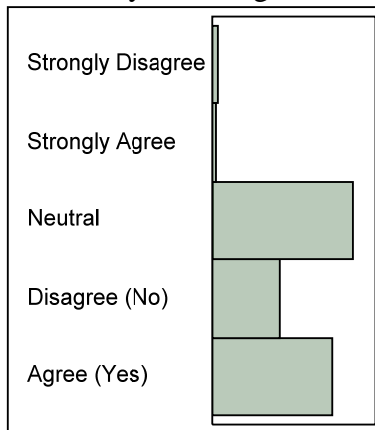
Level	Count	Prob
Agree (Yes)	46	0.16974
Disagree (No)	112	0.41328
Neutral	94	0.34686
Strongly Agree	2	0.00738
Strongly Disagree	17	0.06273
Total	271	1.00000

34) MOST LOCAL PARENTS feel that community resources for parents are available at convenient times and places.



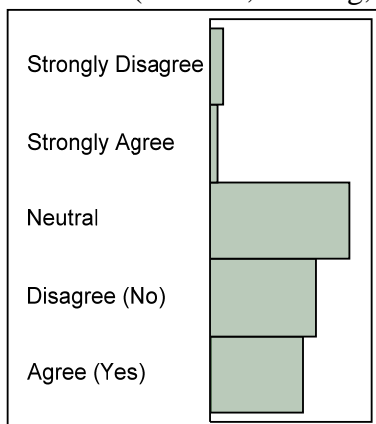
Level	Count	Prob
Agree (Yes)	50	0.18450
Disagree (No)	81	0.29889
Neutral	129	0.47601
Strongly Agree	3	0.01107
Strongly Disagree	8	0.02952
Total	271	1.00000

35) MOST LOCAL PARENTS have reliable transportation to get them and their kids where they need to go.



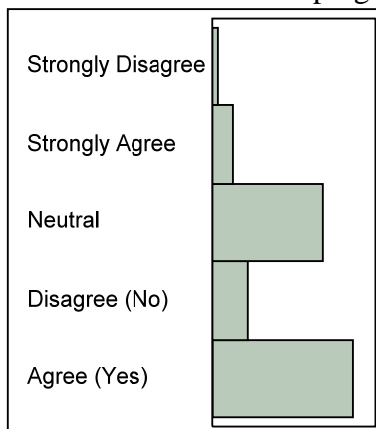
Level	Count	Prob
Agree (Yes)	95	0.35448
Disagree (No)	54	0.20149
Neutral	111	0.41418
Strongly Agree	3	0.01119
Strongly Disagree	5	0.01866
Total	268	1.00000

36) If someone needs help, MOST LOCAL PARENTS know about useful community resources (for food, housing, etc.)



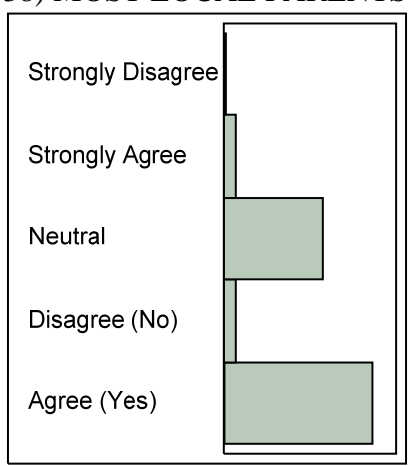
Level	Count	Prob
Agree (Yes)	70	0.25926
Disagree (No)	80	0.29630
Neutral	104	0.38519
Strongly Agree	6	0.02222
Strongly Disagree	10	0.03704
Total	270	1.00000

37) MOST LOCAL PARENTS believe that NOT meeting the needs of a young child can harm that child's developing brain.



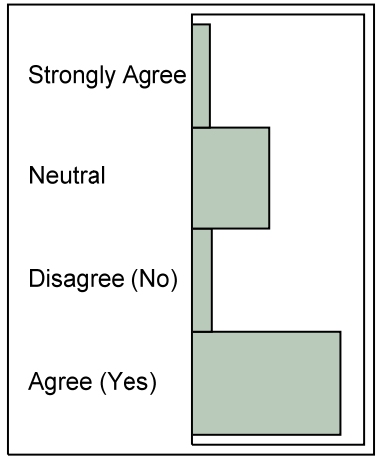
Level	Count	Prob
Agree (Yes)	121	0.44649
Disagree (No)	31	0.11439
Neutral	96	0.35424
Strongly Agree	18	0.06642
Strongly Disagree	5	0.01845
Total	271	1.00000

38) MOST LOCAL PARENTS are happy when they're with their child.



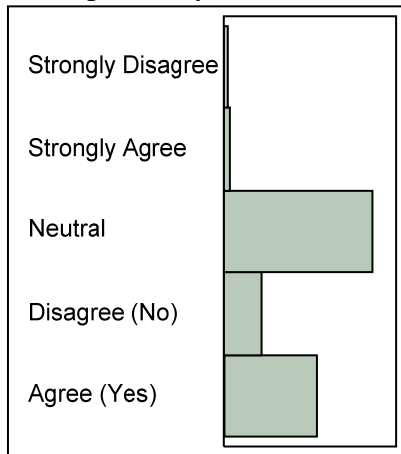
Level	Count	Prob
Agree (Yes)	149	0.54779
Disagree (No)	11	0.04044
Neutral	99	0.36397
Strongly Agree	12	0.04412
Strongly Disagree	1	0.00368
Total	272	1.00000

39) MOST LOCAL PARENTS believe children need safe, stable and caring relationships to be successful in life.



Level	Count	Prob
Agree (Yes)	150	0.56180
Disagree (No)	21	0.07865
Neutral	78	0.29213
Strongly Agree	18	0.06742
Total	267	1.00000

40) MOST LOCAL PARENTS live in a community where they feel they “belong” and are respected by others.



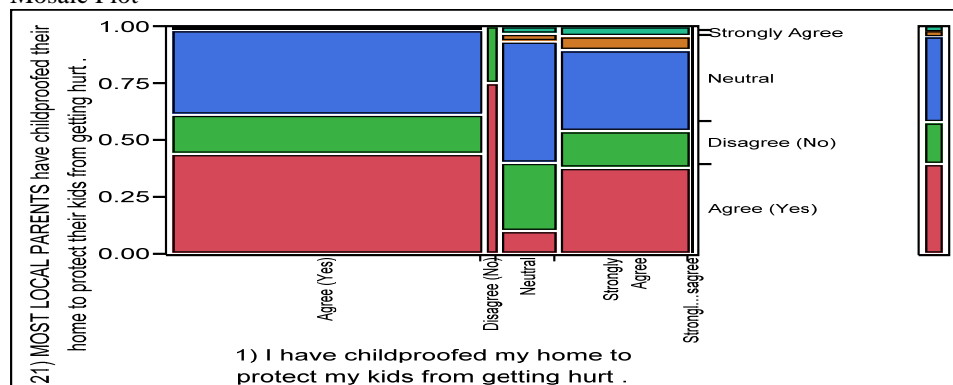
Level	Count	Prob
Agree (Yes)	88	0.32353
Disagree (No)	35	0.12868
Neutral	139	0.51103
Strongly Agree	6	0.02206
Strongly Disagree	4	0.01471
Total	272	1.00000

APPENDIX D

JMP BIVARIATE JOURNAL

Contingency Analysis of 21) MOST LOCAL PARENTS have childproofed their home to protect their kids from getting hurt . By 1) I have childproofed my home to protect my kids from getting hurt .

Mosaic Plot



Contingency Table

1) I have childproofed my home to protect my kids from getting hurt . By 21) MOST LOCAL PARENTS have childproofed their home to protect their kids from getting hurt .

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	71 26.49 66.98 44.10	28 10.45 56.00 17.39	60 22.39 59.41 37.27	1 0.37 16.67 0.62	1 0.37 20.00 0.62	161 60.07
Disagree (No)	6 2.24 5.66 75.00	2 0.75 4.00 25.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	8 2.99
Neutral	3 1.12 2.83 10.00	9 3.36 18.00 30.00	16 5.97 15.84 53.33	1 0.37 16.67 3.33	1 0.37 20.00 3.33	30 11.19
Strongly Agree	26 9.70 24.53 38.24	11 4.10 22.00 16.18	24 8.96 23.76 35.29	4 1.49 66.67 5.88	3 1.12 60.00 4.41	68 25.37
Strongly Disagree	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37 0.99 100.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37
	106 39.55	50 18.66	101 37.69	6 2.24	5 1.87	268

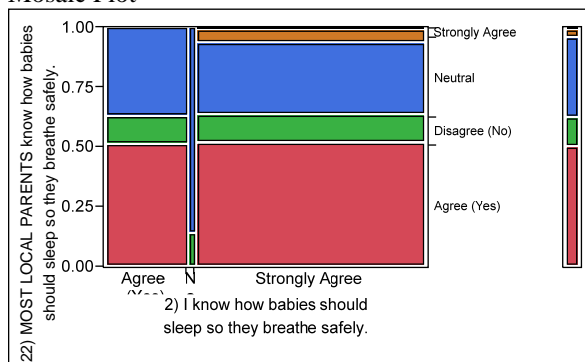
Tests

	N	DF	-LogLike	RSquare (U)
	268	16	17.213282	0.0532
			ChiSquare	Prob>ChiSq
Test				
Likelihood Ratio			34.427	0.0048*
Pearson			29.818	0.0190*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 22) MOST LOCAL PARENTS know how babies should sleep so they breathe safely. By 2) I know how babies should sleep so they breathe safely.

Mosaic Plot



Contingency Table

2) I know how babies should sleep so they breathe safely. By 22) MOST LOCAL PARENTS know how babies should sleep so they breathe safely.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	36	8	26	0	0	70
	13.33	2.96	9.63	0.00	0.00	25.93
	26.47	25.00	28.89	0.00	0.00	
	51.43	11.43	37.14	0.00	0.00	
Neutral	0	1	6	0	0	7
	0.00	0.37	2.22	0.00	0.00	2.59
	0.00	3.13	6.67	0.00	0.00	
	0.00	14.29	85.71	0.00	0.00	
Strongly Agree	100	23	58	10	2	193
	37.04	8.52	21.48	3.70	0.74	71.48
	73.53	71.88	64.44	100.00	100.00	
	51.81	11.92	30.05	5.18	1.04	
	136	32	90	10	2	270
	50.37	11.85	33.33	3.70	0.74	

Tests

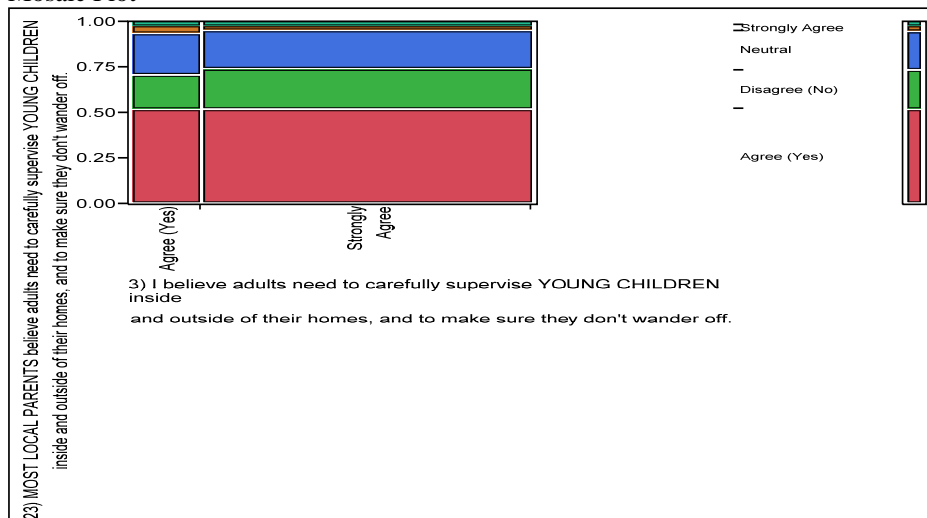
N	DF	-LogLike	RSquare (U)
270	8	10.093562	0.0333

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	20.187	0.0097*
Pearson	15.145	0.0564

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 23) MOST LOCAL PARENTS believe adults need to carefully supervise YOUNG CHILDREN inside and outside of their homes, and to make sure they don't wander off. By 3) I believe adults need to carefully supervise YOUNG CHILDREN inside and outside of their homes, and to make sure they don't wander off.

Mosaic Plot



Contingency Table

3) I believe adults need to carefully supervise YOUNG CHILDREN inside and outside of their homes, and to make sure they don't wander off. By 23) MOST LOCAL PARENTS believe adults need to carefully supervise YOUNG CHILDREN inside and outside of their homes, and to make sure they don't wander off.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	25 9.23 17.73 52.08	9 3.32 15.52 18.75	11 4.06 18.97 22.92	2 0.74 22.22 4.17	1 0.37 20.00 2.08	48 17.71
Strongly Agree	116 42.80 82.27 52.02	49 18.08 84.48 21.97	47 17.34 81.03 21.08	7 2.58 77.78 3.14	4 1.48 80.00 1.79	223 82.29
Strongly Disagree	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00
	141 52.03	58 21.40	58 21.40	9 3.32	5 1.85	271

Tests

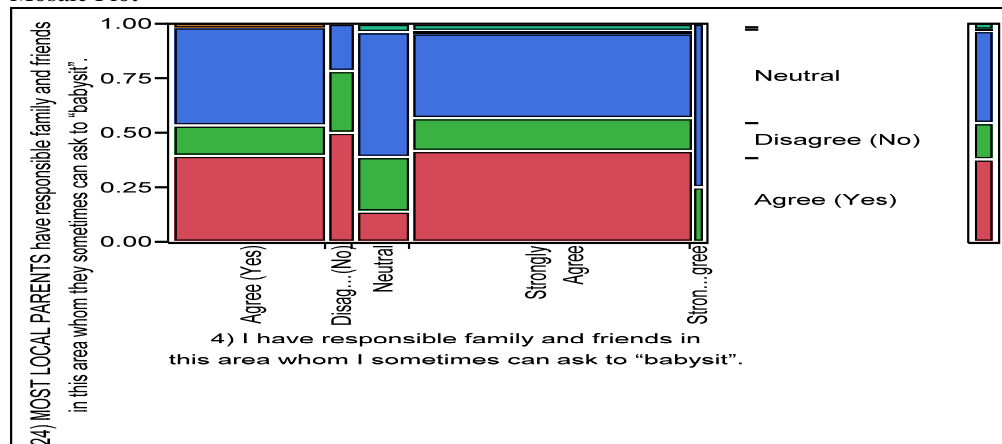
N	DF	-LogLike	RSquare (U)
271	4	0.19770410	0.0006

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	0.395	0.9829
Pearson	0.398	0.9827

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 24) MOST LOCAL PARENTS have responsible family and friends in this area whom they sometimes can ask to “babysit”. By 4) I have responsible family and friends in this area whom I sometimes can ask to “babysit”.

Mosaic Plot



Contingency Table

4) I have responsible family and friends in this area whom I sometimes can ask to “babysit”. By 24) MOST LOCAL PARENTS have responsible family and friends in this area whom they sometimes can ask to “babysit”.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	31 11.70 30.69 39.74	11 4.15 25.00 14.10	35 13.21 31.25 44.87	1 0.38 33.33 1.28	0 0.00 0.00 0.00	78 29.43
Disagree (No)	7 2.64 6.93 50.00	4 1.51 9.09 28.57	3 1.13 2.68 21.43	0 0.00 0.00 0.00	0 0.00 0.00 0.00	14 5.28
Neutral	4 1.51 3.96 14.29	7 2.64 15.91 25.00	16 6.04 14.29 57.14	0 0.00 0.00 0.00	1 0.38 20.00 3.57	28 10.57
Strongly Agree	59 22.26 58.42 41.84	21 7.92 47.73 14.89	55 20.75 49.11 39.01	2 0.75 66.67 1.42	4 1.51 80.00 2.84	141 53.21
Strongly Disagree	0 0.00 0.00 0.00	1 0.38 2.27 25.00	3 1.13 2.68 75.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	4 1.51
	101 38.11	44 16.60	112 42.26	3 1.13	5 1.89	265

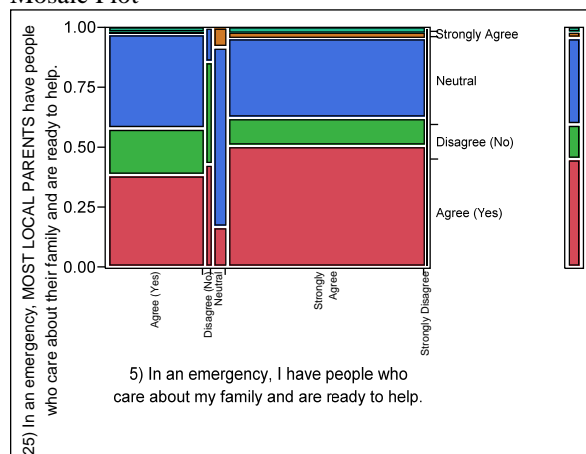
Tests

	N	DF	-LogLike	RSquare (U)
	265	16	11.188150	0.0365
Test			ChiSquare	Prob>ChiSq
Likelihood Ratio			22.376	0.1315
Pearson			17.836	0.3336

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 25) In an emergency, MOST LOCAL PARENTS have people who care about their family and are ready to help. By 5) In an emergency, I have people who care about my family and are ready to help.

Mosaic Plot



Contingency Table

5) In an emergency, I have people who care about my family and are ready to help. By 25) In an emergency, MOST LOCAL PARENTS have people who care about their family and are ready to help.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	32 11.76 26.02 38.55	16 5.88 41.03 19.28	33 12.13 33.33 39.76	1 0.37 14.29 1.20	1 0.37 25.00 1.20	83 30.51
Disagree (No)	3 1.10 2.44 42.86	3 1.10 7.69 42.86	1 0.37 1.01 14.29	0 0.00 0.00 0.00	0 0.00 0.00 0.00	7 2.57
Neutral	2 0.74 1.63 16.67	0 0.00 0.00 0.00	9 3.31 9.09 75.00	1 0.37 14.29 8.33	0 0.00 0.00 0.00	12 4.41
Strongly Agree	86 31.62 69.92 50.89	20 7.35 51.28 11.83	56 20.59 56.57 33.14	4 1.47 57.14 2.37	3 1.10 75.00 1.78	169 62.13
Strongly Disagree	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37 14.29 100.00	0 0.00 0.00 0.00	1 0.37
	123 45.22	39 14.34	99 36.40	7 2.57	4 1.47	272

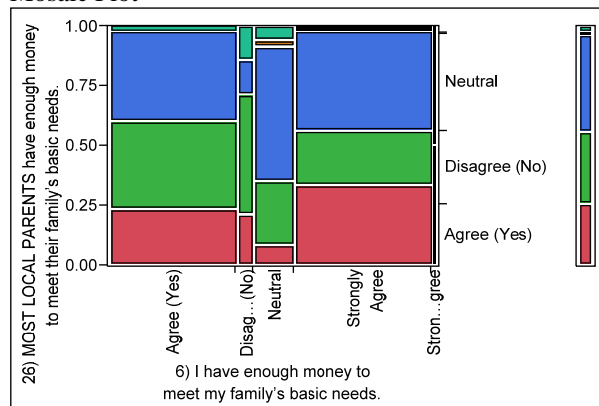
Tests

	N	DF	-LogLike	RSquare (U)
	272	16	14.412194	0.0456
Test			ChiSquare	Prob>ChiSq
Likelihood Ratio			28.824	0.0251*
Pearson			59.278	<.0001*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 26) MOST LOCAL PARENTS have enough money to meet their family's basic needs. By 6) I have enough money to meet my family's basic needs.

Mosaic Plot



Contingency Table

6) I have enough money to meet my family's basic needs. By 26) MOST LOCAL PARENTS have enough money to meet their family's basic needs.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	25	39	40	0	2	106
	9.26	14.44	14.81	0.00	0.74	39.26
	36.23	47.56	36.36	0.00	28.57	
	23.58	36.79	37.74	0.00	1.89	
Disagree (No)	3	7	2	0	2	14
	1.11	2.59	0.74	0.00	0.74	5.19
	4.35	8.54	1.82	0.00	28.57	
	21.43	50.00	14.29	0.00	14.29	
Neutral	3	9	19	1	2	34
	1.11	3.33	7.04	0.37	0.74	12.59
	4.35	10.98	17.27	50.00	28.57	
	8.82	26.47	55.88	2.94	5.88	
Strongly Agree	38	26	48	1	1	114
	14.07	9.63	17.78	0.37	0.37	42.22
	55.07	31.71	43.64	50.00	14.29	
	33.33	22.81	42.11	0.88	0.88	
Strongly Disagree	0	1	1	0	0	2
	0.00	0.37	0.37	0.00	0.00	0.74
	0.00	1.22	0.91	0.00	0.00	
	0.00	50.00	50.00	0.00	0.00	
	69	82	110	2	7	270
	25.56	30.37	40.74	0.74	2.59	

Tests

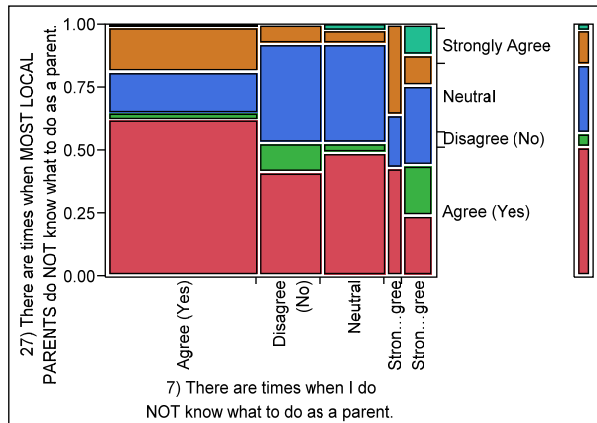
N	DF	-LogLike	RSquare (U)
270	16	14.668569	0.0450

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	29.337	0.0218*
Pearson	31.130	0.0130*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 27) There are times when MOST LOCAL PARENTS do NOT know what to do as a parent. By 7) There are times when I do NOT know what to do as a parent.

Mosaic Plot



Contingency Table

7) There are times when I do NOT know what to do as a parent. By 27) There are times when MOST LOCAL PARENTS do NOT know what to do as a parent.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	78 28.89 56.52 62.40	3 1.11 18.75 2.40	21 7.78 28.38 16.80	22 8.15 59.46 17.60	1 0.37 20.00 0.80	125 46.30
Disagree (No)	22 8.15 15.94 41.51	6 2.22 37.50 11.32	21 7.78 28.38 39.62	4 1.48 10.81 7.55	0 0.00 0.00 0.00	53 19.63
Neutral	26 9.63 18.84 49.06	2 0.74 12.50 3.77	21 7.78 28.38 39.62	3 1.11 8.11 5.66	1 0.37 20.00 1.89	53 19.63
Strongly Agree	6 2.22 4.35 42.86	0 0.00 0.00 0.00	3 1.11 4.05 21.43	5 1.85 13.51 35.71	0 0.00 0.00 0.00	14 5.19
Strongly Disagree	6 2.22 4.35 24.00	5 1.85 31.25 20.00	8 2.96 10.81 32.00	3 1.11 8.11 12.00	3 1.11 60.00 12.00	25 9.26
	138 51.11	16 5.93	74 27.41	37 13.70	5 1.85	270

Tests

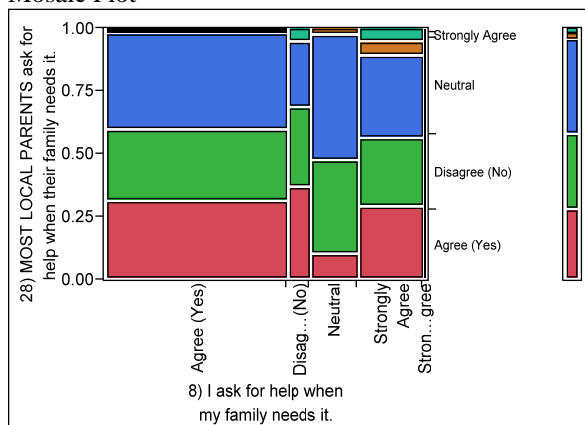
N	DF	-LogLike	RSquare (U)
270	16	26.027491	0.0796

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	52.055	<.0001*
Pearson	60.248	<.0001*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 28) MOST LOCAL PARENTS ask for help when their family needs it. By 8) I ask for help when my family needs it.

Mosaic Plot



Contingency Table

8) I ask for help when my family needs it. By 28) MOST LOCAL PARENTS ask for help when their family needs it.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	48 17.84 64.00 31.17	44 16.36 54.32 28.57	59 21.93 57.84 38.31	2 0.74 33.33 1.30	1 0.37 20.00 0.65	154 57.25
Disagree (No)	7 2.60 9.33 36.84	6 2.23 7.41 31.58	5 1.86 4.90 26.32	0 0.00 0.00 0.00	1 0.37 20.00 5.26	19 7.06
Neutral	4 1.49 5.33 10.00	15 5.58 18.52 37.50	20 7.43 19.61 50.00	1 0.37 16.67 2.50	0 0.00 0.00 0.00	40 14.87
Strongly Agree	16 5.95 21.33 29.09	15 5.58 18.52 27.27	18 6.69 17.65 32.73	3 1.12 50.00 5.45	3 1.12 60.00 5.45	55 20.45
Strongly Disagree	0 0.00 0.00 0.00	1 0.37 1.23 100.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37
	75 27.88	81 30.11	102 37.92	6 2.23	5 1.86	269

Tests

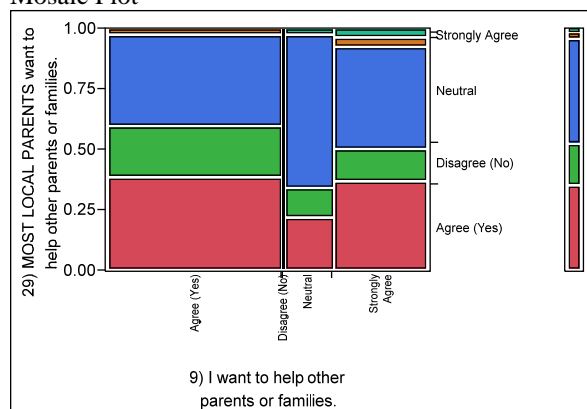
N	DF	-LogLike	RSquare (U)
269	16	11.460080	0.0342

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	22.920	0.1159
Pearson	22.265	0.1348

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 29) MOST LOCAL PARENTS want to help other parents or families. By 9) I want to help other parents or families.

Mosaic Plot



Contingency Table

9) I want to help other parents or families. By 29) MOST LOCAL PARENTS want to help other parents or families.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	57 21.27 60.00 38.78	31 11.57 67.39 21.09	55 20.52 47.41 37.41	4 1.49 57.14 2.72	0 0.00 0.00 0.00	147 54.85
Disagree (No)	0 0.00 0.00 0.00	0 0.00 0.00 0.00	2 0.75 1.72 100.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	2 0.75
Neutral	9 3.36 9.47 21.95	5 1.87 10.87 12.20	26 9.70 22.41 63.41	0 0.00 0.00 0.00	1 0.37 25.00 2.44	41 15.30
Strongly Agree	29 10.82 30.53 37.18	10 3.73 21.74 12.82	33 12.31 28.45 42.31	3 1.12 42.86 3.85	3 1.12 75.00 3.85	78 29.10
	95 35.45	46 17.16	116 43.28	7 2.61	4 1.49	268

Tests

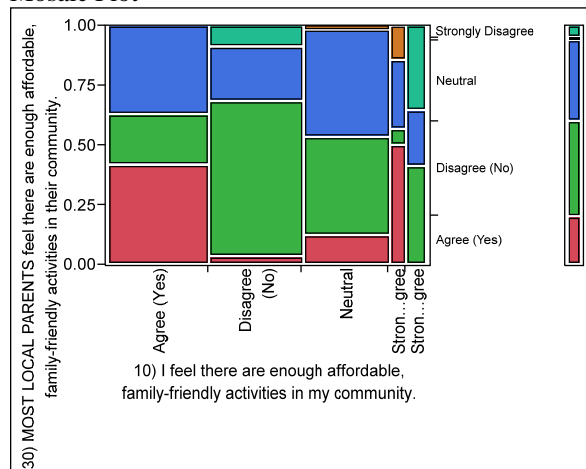
N	DF	-LogLike	RSquare (U)
268	12	11.434960	0.0358

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	22.870	0.0289*
Pearson	19.912	0.0688

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 30) MOST LOCAL PARENTS feel there are enough affordable, family-friendly activities in their community. By 10) I feel there are enough affordable, family-friendly activities in my community.

Mosaic Plot



Contingency Table

10) I feel there are enough affordable, family-friendly activities in my community. By 30) MOST LOCAL PARENTS feel there are enough affordable, family-friendly activities in their community.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	36 13.38 65.45 41.86	18 6.69 16.82 20.93	32 11.90 35.16 37.21	0 0.00 0.00 0.00	0 0.00 0.00 0.00	86 31.97
Disagree (No)	3 1.12 5.45 3.80	51 18.96 47.66 64.56	18 6.69 19.78 22.78	0 0.00 0.00 0.00	7 2.60 53.85 8.86	79 29.37
Neutral	9 3.35 16.36 12.33	30 11.15 28.04 41.10	33 12.27 36.26 45.21	1 0.37 33.33 1.37	0 0.00 0.00 0.00	73 27.14
Strongly Agree	7 2.60 12.73 50.00	1 0.37 0.93 7.14	4 1.49 4.40 28.57	2 0.74 66.67 14.29	0 0.00 0.00 0.00	14 5.20
Strongly Disagree	0 0.00 0.00 0.00	7 2.60 6.54 41.18	4 1.49 4.40 23.53	0 0.00 0.00 0.00	6 2.23 46.15 35.29	17 6.32
	55 20.45	107 39.78	91 33.83	3 1.12	13 4.83	269

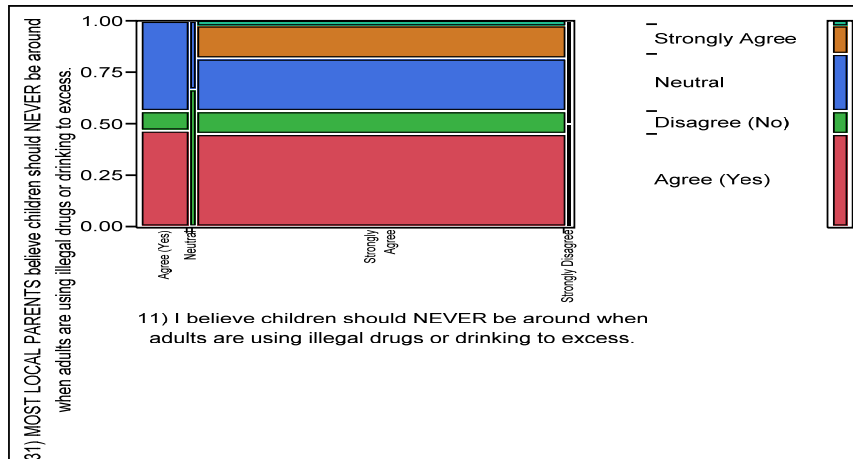
Tests

	N	DF	-LogLike	RSquare (U)
	269	16	59.947310	0.1776
Test			ChiSquare	Prob>ChiSq
Likelihood Ratio			119.895	<.0001*
Pearson			139.551	<.0001*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 31) MOST LOCAL PARENTS believe children should NEVER be around when adults are using illegal drugs or drinking to excess. By 11) I believe children should NEVER be around when adults are using illegal drugs or drinking to excess.

Mosaic Plot



Contingency Table

11) I believe children should NEVER be around when adults are using illegal drugs or drinking to excess.
By 31) MOST LOCAL PARENTS believe children should NEVER be around when adults are using illegal drugs or drinking to excess.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	15 5.56 12.30 46.88	3 1.11 10.00 9.38	14 5.19 18.67 43.75	0 0.00 0.00 0.00	0 0.00 0.00 0.00	32 11.85
Disagree (No)	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00
Neutral	0 0.00 0.00 0.00	2 0.74 6.67 66.67	1 0.37 1.33 33.33	0 0.00 0.00 0.00	0 0.00 0.00 0.00	3 1.11
Strongly Agree	106 39.26 86.89 45.49	25 9.26 83.33 10.73	60 22.22 80.00 25.75	38 14.07 100.00 16.31	4 1.48 80.00 1.72	233 86.30
Strongly Disagree	1 0.37 0.82 50.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37 20.00 50.00	2 0.74
	122 45.19	30 11.11	75 27.78	38 14.07	5 1.85	270

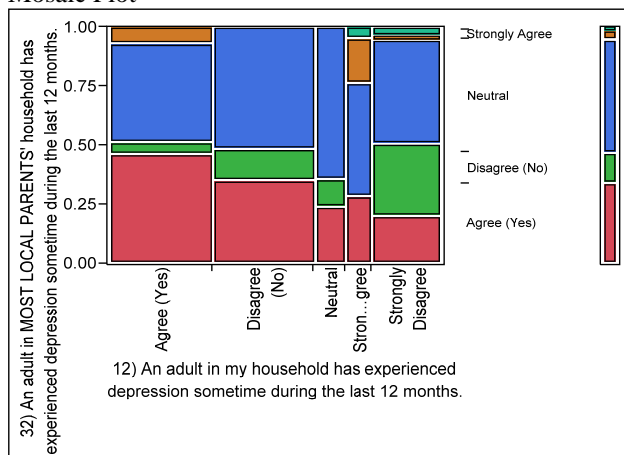
Tests

	N	DF	-LogLike	RSquare (U)
	270	12	14.162980	0.0401
Test		ChiSquare	Prob>ChiSq	
Likelihood Ratio		28.326	0.0050*	
Pearson		45.679	<.0001*	

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 32) An adult in MOST LOCAL PARENTS' household has experienced depression sometime during the last 12 months. By 12) An adult in my household has experienced depression sometime during the last 12 months.

Mosaic Plot



Contingency Table

12) An adult in my household has experienced depression sometime during the last 12 months. By 32) An adult in MOST LOCAL PARENTS' household has experienced depression sometime during the last 12 months

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	39 14.61 42.86 46.43	4 1.50 11.43 4.76	35 13.11 27.56 41.67	6 2.25 54.55 7.14	0 0.00 0.00 0.00	84 31.46
Disagree (No)	29 10.86 31.87 35.37	11 4.12 31.43 13.41	42 15.73 33.07 51.22	0 0.00 0.00 0.00	0 0.00 0.00 0.00	82 30.71
Neutral	6 2.25 6.59 24.00	3 1.12 8.57 12.00	16 5.99 12.60 64.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	25 9.36
Strongly Agree	6 2.25 6.59 28.57	0 0.00 0.00 0.00	10 3.75 7.87 47.62	4 1.50 36.36 19.05	1 0.37 33.33 4.76	21 7.87
Strongly Disagree	11 4.12 12.09 20.00	17 6.37 48.57 30.91	24 8.99 18.90 43.64	1 0.37 9.09 1.82	2 0.75 66.67 3.64	55 20.60
	91 34.08	35 13.11	127 47.57	11 4.12	3 1.12	267

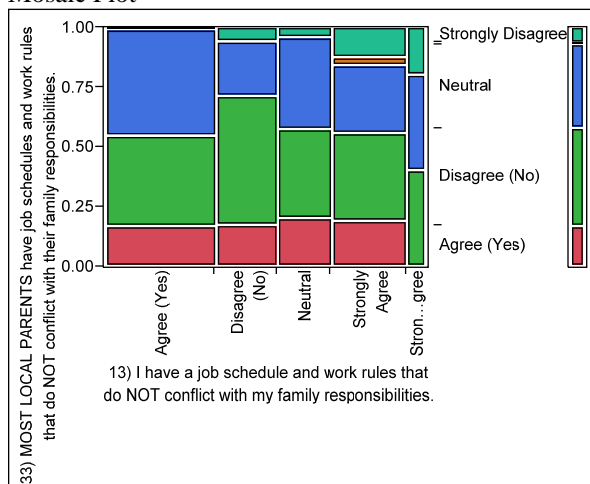
Tests

	N	DF	-LogLike	RSquare (U)
	267	16	28.188600	0.0904
Test		ChiSquare	Prob>ChiSq	
Likelihood Ratio		56.377	<.0001*	
Pearson		56.961	<.0001*	

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 33) MOST LOCAL PARENTS have job schedules and work rules that do NOT conflict with their family responsibilities. By 13) I have a job schedule and work rules that do NOT conflict with my family responsibilities.

Mosaic Plot



Contingency Table

13) I have a job schedule and work rules that do NOT conflict with my family responsibilities. By 33) MOST LOCAL PARENTS have job schedules and work rules that do NOT conflict with their family responsibilities.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	16 5.97 34.78 17.20	35 13.06 32.11 37.63	41 15.30 43.62 44.09	0 0.00 0.00 0.00	1 0.37 5.88 1.08	93 34.70
Disagree (No)	9 3.36 19.57 17.31	28 10.45 25.69 53.85	12 4.48 12.77 23.08	0 0.00 0.00 0.00	3 1.12 17.65 5.77	52 19.40
Neutral	9 3.36 19.57 20.00	17 6.34 15.60 37.78	17 6.34 18.09 37.78	0 0.00 0.00 0.00	2 0.75 11.76 4.44	45 16.79
Strongly Agree	12 4.48 26.09 19.05	23 8.58 21.10 36.51	18 6.72 19.15 28.57	2 0.75 100.00 3.17	8 2.99 47.06 12.70	63 23.51
Strongly Disagree	0 0.00 0.00 0.00	6 2.24 5.50 40.00	6 2.24 6.38 40.00	0 0.00 0.00 0.00	3 1.12 17.65 20.00	15 5.60
	46 17.16	109 40.67	94 35.07	2 0.75	17 6.34	268

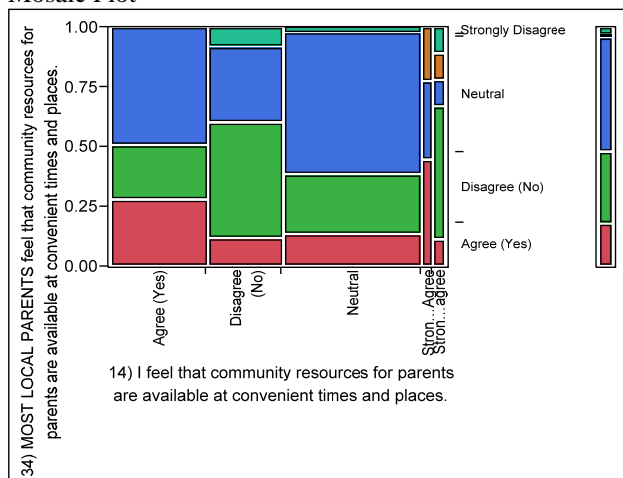
Tests

	N	DF	-LogLike	RSquare (U)
	268	16	15.872783	0.0475
Test		ChiSquare		Prob>ChiSq
Likelihood Ratio		31.746		0.0108*
Pearson		30.235		0.0168*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 34) MOST LOCAL PARENTS feel that community resources for parents are available at convenient times and places. By 14) I feel that community resources for parents are available at convenient times and places.

Mosaic Plot



Contingency Table

14) I feel that community resources for parents are available at convenient times and places. By 34) MOST LOCAL PARENTS feel that community resources for parents are available at convenient times and places.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	22 8.18 44.90 27.85	18 6.69 22.50 22.78	39 14.50 30.23 49.37	0 0.00 0.00 0.00	0 0.00 0.00 0.00	79 29.37
Disagree (No)	7 2.60 14.29 11.67	29 10.78 36.25 48.33	19 7.06 14.73 31.67	0 0.00 0.00 0.00	5 1.86 62.50 8.33	60 22.30
Neutral	15 5.58 30.61 13.39	28 10.41 35.00 25.00	67 24.91 51.94 59.82	0 0.00 0.00 0.00	2 0.74 25.00 1.79	112 41.64
Strongly Agree	4 1.49 8.16 44.44	0 0.00 0.00 0.00	3 1.12 2.33 33.33	2 0.74 66.67 22.22	0 0.00 0.00 0.00	9 3.35
Strongly Disagree	1 0.37 2.04 11.11	5 1.86 6.25 55.56	1 0.37 0.78 11.11	1 0.37 33.33 11.11	1 0.37 12.50 11.11	9 3.35
	49 18.22	80 29.74	129 47.96	3 1.12	8 2.97	269

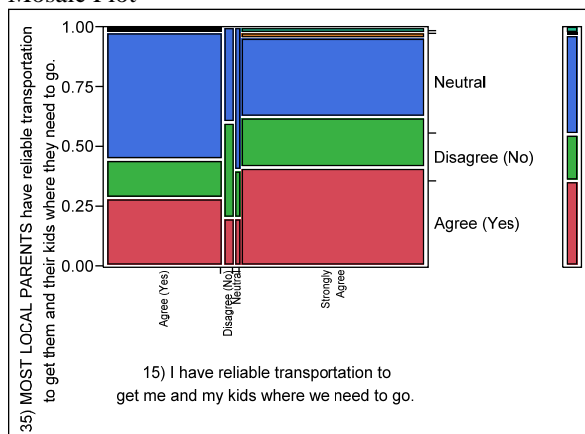
Tests

	N	DF	-LogLike	RSquare (U)
	269	16	31.470584	0.0993
Test		ChiSquare	Prob>ChiSq	
Likelihood Ratio		62.941	<.0001*	
Pearson		91.667	<.0001*	

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 35) MOST LOCAL PARENTS have reliable transportation to get them and their kids where they need to go. By 15) I have reliable transportation to get me and my kids where we need to go.

Mosaic Plot



Contingency Table

15) I have reliable transportation to get me and my kids where we need to go. By 35) MOST LOCAL PARENTS have reliable transportation to get them and their kids where they need to go.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	28 10.49 29.47 28.57	16 5.99 30.19 16.33	52 19.48 46.85 53.06	1 0.37 33.33 1.02	1 0.37 20.00 1.02	98 36.70
Disagree (No)	2 0.75 2.11 20.00	4 1.50 7.55 40.00	4 1.50 3.60 40.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	10 3.75
Neutral	1 0.37 1.05 20.00	1 0.37 1.89 20.00	3 1.12 2.70 60.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	5 1.87
Strongly Agree	64 23.97 67.37 41.56	32 11.99 60.38 20.78	52 19.48 46.85 33.77	2 0.75 66.67 1.30	4 1.50 80.00 2.60	154 57.68
	95 35.58	53 19.85	111 41.57	3 1.12	5 1.87	267

Tests

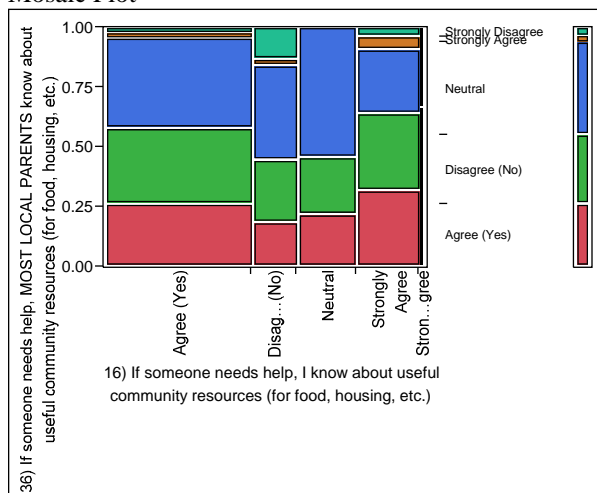
N	DF	-LogLike	RSquare (U)
267	12	6.9286994	0.0220

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	13.857	0.3099
Pearson	13.745	0.3173

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 36) If someone needs help, MOST LOCAL PARENTS know about useful community resources (for food, housing, etc.) By 16) If someone needs help, I know about useful community resources (for food, housing, etc.)

Mosaic Plot



Contingency Table

16) If someone needs help, I know about useful community resources (for food, housing, etc.) By 36) If someone needs help, MOST LOCAL PARENTS know about useful community resources (for food, housing, etc.)

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	33 12.31 47.14 26.61	39 14.55 50.00 31.45	47 17.54 45.19 37.90	2 0.75 33.33 1.61	3 1.12 30.00 2.42	124 46.27
Disagree (No)	7 2.61 10.00 18.42	10 3.73 12.82 26.32	15 5.60 14.42 39.47	1 0.37 16.67 2.63	5 1.87 50.00 13.16	38 14.18
Neutral	11 4.10 15.71 22.00	12 4.48 15.38 24.00	27 10.07 25.96 54.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	50 18.66
Strongly Agree	17 6.34 24.29 32.08	17 6.34 21.79 32.08	14 5.22 13.46 26.42	3 1.12 50.00 5.66	2 0.75 20.00 3.77	53 19.78
Strongly Disagree	2 0.75 2.86 66.67	0 0.00 0.00 0.00	1 0.37 0.96 33.33	0 0.00 0.00 0.00	0 0.00 0.00 0.00	3 1.12
	70 26.12	78 29.10	104 38.81	6 2.24	10 3.73	268

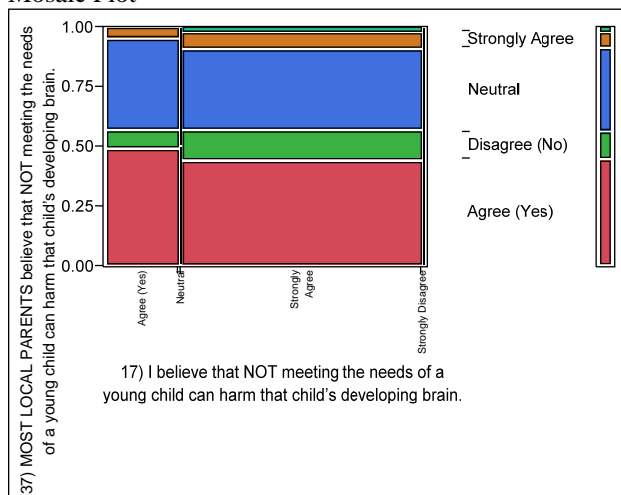
Tests

N	268	DF	16	-LogLike	12.853539	RSquare (U)	0.0373
Test		ChiSquare		Prob>ChiSq			
Likelihood Ratio		25.707		0.0583			
Pearson		26.550		0.0468*			

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 37) MOST LOCAL PARENTS believe that NOT meeting the needs of a young child can harm that child's developing brain. By 17) I believe that NOT meeting the needs of a young child can harm that child's developing brain.

Mosaic Plot



Contingency Table

17) I believe that NOT meeting the needs of a young child can harm that child's developing brain. By 37) MOST LOCAL PARENTS believe that NOT meeting the needs of a young child can harm that child's developing brain.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	31	5	24	3	0	63
	11.48	1.85	8.89	1.11	0.00	23.33
	25.62	16.13	25.26	16.67	0.00	
	49.21	7.94	38.10	4.76	0.00	
Neutral	0	0	1	0	1	2
	0.00	0.00	0.37	0.00	0.37	0.74
	0.00	0.00	1.05	0.00	20.00	
	0.00	0.00	50.00	0.00	50.00	
Strongly Agree	90	26	69	15	4	204
	33.33	9.63	25.56	5.56	1.48	75.56
	74.38	83.87	72.63	83.33	80.00	
	44.12	12.75	33.82	7.35	1.96	
Strongly Disagree	0	0	1	0	0	1
	0.00	0.00	0.37	0.00	0.00	0.37
	0.00	0.00	1.05	0.00	0.00	
	0.00	0.00	100.00	0.00	0.00	
	121	31	95	18	5	270
	44.81	11.48	35.19	6.67	1.85	

Tests

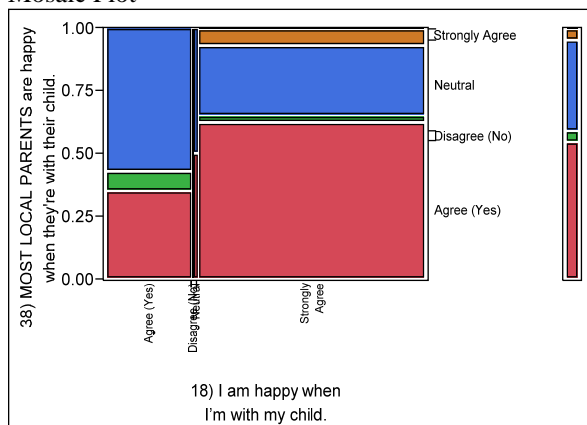
N	DF	-LogLike	RSquare (U)
270	12	6.9198041	0.0208

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	13.840	0.3111
Pearson	31.455	0.0017*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 38) MOST LOCAL PARENTS are happy when they're with their child. By 18) I am happy when I'm with my child.

Mosaic Plot



Contingency Table

18) I am happy when I'm with my child. By 38) MOST LOCAL PARENTS are happy when they're with their child.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	26 9.59 17.45 35.14	6 2.21 54.55 8.11	42 15.50 42.86 56.76	0 0.00 0.00 0.00	0 0.00 0.00 0.00	74 27.31
Disagree (No)	1 0.37 0.67 100.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37
Neutral	2 0.74 1.34 50.00	0 0.00 0.00 0.00	2 0.74 2.04 50.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	4 1.48
Strongly Agree	120 44.28 80.54 62.50	5 1.85 45.45 2.60	54 19.93 55.10 28.13	12 4.43 100.00 6.25	1 0.37 100.00 0.52	192 70.85
	149 54.98	11 4.06	98 36.16	12 4.43	1 0.37	271

Tests

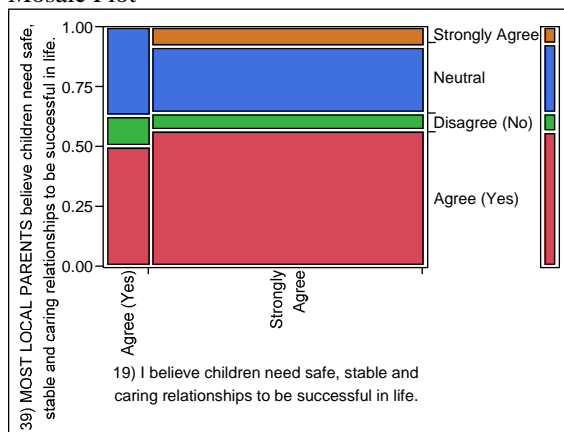
N	DF	-LogLike	RSquare (U)
271	12	16.564551	0.0620

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	33.129	0.0009*
Pearson	29.886	0.0029*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 39) MOST LOCAL PARENTS believe children need safe, stable and caring relationships to be successful in life. By 19) I believe children need safe, stable and caring relationships to be successful in life.

Mosaic Plot



Contingency Table

19) I believe children need safe, stable and caring relationships to be successful in life. By 39) MOST LOCAL PARENTS believe children need safe, stable and caring relationships to be successful in life.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	
Total %					
Col %					
Row %					
Agree (Yes)	19 7.12 12.67 50.00	5 1.87 23.81 13.16	14 5.24 17.95 36.84	0 0.00 0.00 0.00	38 14.23
Strongly Agree	131 49.06 87.33 57.21	16 5.99 76.19 6.99	64 23.97 82.05 27.95	18 6.74 100.00 7.86	229 85.77
Strongly Disagree	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00 0.00 .	0 0.00
	150 56.18	21 7.87	78 29.21	18 6.74	267

Tests

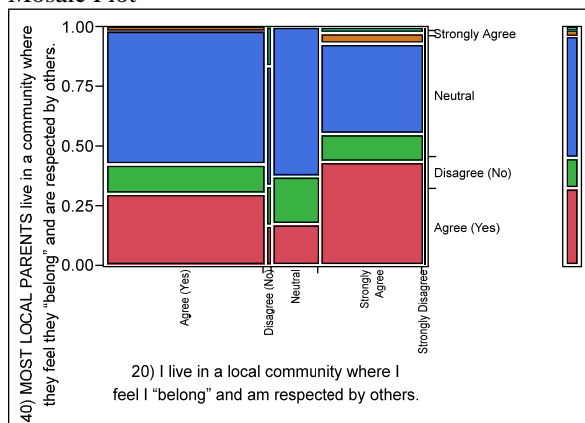
N	DF	-LogLike	RSquare (U)
267	3	4.0103441	0.0141

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	8.021	0.0456*
Pearson	5.749	0.1245

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.

Contingency Analysis of 40) MOST LOCAL PARENTS live in a community where they feel they “belong” and are respected by others. By 20) I live in a local community where I feel I “belong” and am respected by others.

Mosaic Plot



Contingency Table

20) I live in a local community where I feel I “belong” and am respected by others. By 40) MOST LOCAL PARENTS live in a community where they feel they “belong” and are respected by others.

Count	Agree (Yes)	Disagree (No)	Neutral	Strongly Agree	Strongly Disagree	
Total %						
Col %						
Row %						
Agree (Yes)	41 15.24 47.13 30.37	16 5.95 45.71 11.85	76 28.25 55.47 56.30	2 0.74 33.33 1.48	0 0.00 0.00 0.00	135 50.19
Disagree (No)	1 0.37 1.15 16.67	1 0.37 2.86 16.67	3 1.12 2.19 50.00	0 0.00 0.00 0.00	1 0.37 25.00 16.67	6 2.23
Neutral	7 2.60 8.05 17.50	8 2.97 22.86 20.00	25 9.29 18.25 62.50	0 0.00 0.00 0.00	0 0.00 0.00 0.00	40 14.87
Strongly Agree	38 14.13 43.68 43.68	10 3.72 28.57 11.49	33 12.27 24.09 37.93	4 1.49 66.67 4.60	2 0.74 50.00 2.30	87 32.34
Strongly Disagree	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 0.37 25.00 100.00	1 0.37
	87 32.34	35 13.01	137 50.93	6 2.23	4 1.49	269

Tests

N	DF	-LogLike	RSquare (U)
269	16	17.356100	0.0575

Test	ChiSquare	Prob>ChiSq
Likelihood Ratio	34.712	0.0044*
Pearson	95.445	<.0001*

Warning: 20% of cells have expected count less than 5, ChiSquare suspect.