VOICES FROM HOME: PERCEPTIONS OF COLORADO CAREGIVERS ON CARING FOR KIDS AND ACCESSING SUPPORTS

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We are deeply appreciative to the many individuals who provided thoughtful perspective, suggestions, and feedback to this product. This work is part of a larger project to develop a new framework for guiding state planning efforts to enhance state and local capacity to prevent child abuse. This work, being piloted in Colorado and South Carolina, is built on a set of core values or pillars of practice which state leadership can use to:

- Guide state and local investment decisions across multiple options to promote child safety;
- Identify a common set of benchmarks to monitor the extent to which high priority interventions and policy changes substantially improve child outcomes and strengthen the ability of families to care for and protect their children; and
- Outline a set of implementation strategies which state and local communities can use to move ideas into practice.

We would like to acknowledge the many parents in Colorado who responded to our surveys and participated in our focus groups which provided important context to this review. In addition, we would like to thank the researcher who conducted the parent focus groups: Dr. Jennifer Bellamy from the University of Denver.

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OVERVIEW

Central to improving prevention efforts is creating a context in which parents have access to the support they need to care for their children. In some cases, these supports will be generated through informal service networks such as relatives, close friends, neighbors, and colleagues. In other cases, families will reach out to local community agencies such as churches, libraries or community centers or will access publically provided health care and income support programs. The resources families use are in part a function of what is available in their community and the degree to which asking for and providing help to other parents is common and mutually reinforcing. Understanding the resources families most value and the challenges they face in securing these resources can help guide state and local community planners in structuring a more responsive child abuse prevention plan.

In order to better understand how Colorado parents view these issues Chapin Hall, in partnership with the Colorado Office of Early Childhood, conducted a brief survey and held a series of focus groups for caregivers. The purpose of this report is to summarize the findings from the survey and focus groups and to outline how these discoveries might influence the content of the state's child abuse prevention plan.

PARENT AND COMMUNITY ASSET SURVEY

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Chapin Hall, in partnership with the Colorado Office of Early Childhood, conducted a brief survey open to adult caregivers currently caring for at least one child under the age of 18 (see Appendix A). Caregivers accessed and responded to the survey via the internet. In the promotion of the survey, we were eager to have representation both from parents receiving services, as well as those not receiving services. That desire shaped our promotion strategy and the link to the survey was made available through a number of outreach efforts[1]. The survey was open for four weeks, from January 19 through February 11, 2016.

SURVEY CONTENT

The survey addressed three core areas:

- **Community resources**. The survey explored the specific resources a family might have available in their community to help them as a parent. Respondents rated their knowledge and use of different local resources such as medical services, educational services, social services, faith-based interventions, and recreation programs.
- **Community quality and mutual self-help**. Respondents rated the extent to which they viewed their community as a positive environment for raising children and the extent to which residents

[1] The link to the survey was sent to the following organizations, individuals, and mailing lists: Family Resource Center Association for inclusion in their monthly electronic newsletter; all grantees (and personal contacts of grantees) from the Child Maltreatment Prevention Unit including Colorado Community Response, SafeCare Colorado, Promoting Safe and Stable Families, Colorado Children's Trust Fund, and Community Based Child Abuse Prevention Program; Office of Early Childhood stakeholder electronic newsletter; Early Intervention Colorado in their communication with Early Childhood Councils and Community Centered Boards; Essentials for Childhood email list; Strengthening Families Network email list; Early Childhood Mental Health unit; Home Visiting Unit; Head Start Liaison; Prevention Steering Committee; Invest in Kids; SAFE; Lutheran Family Services; Jeffco Prosperity Project; Qualistar - Child Care Resource and Referral; Prevent Child Abuse Colorado; Colorado Alliance for Drug Endangered Children; Mile High United Way; Paddington Station Preschool; A Kids Place - CASA and CAC in Weld County; Savio House; military contact person at Ft. Carson; Colorado Children's Campaign; Action for Healthy Kids Network; Colorado State Parent Teacher Association; Family Leadership Training Institute; Evergreen Parks and Recreation; Fatherhood Coalition; and Early Childhood Colorado Partnership.

- **Parental capacity**. Respondents rated their own capacity for meeting their children's needs and managing their child's growth and development.

In order to better understand the general profile of the respondent pool, respondents were asked to provide descriptive information about their demographic characteristics (i.e., age, race, income, gender, educational level, and residential ZIP code) and household composition (i.e., number of children and number of caretakers in the home); and residential ZIP code.

RESPONDENT PROFILE

There were 573 responses to the survey; thirty of these responses were removed from the data analysis because the respondents indicated they did not have a child under the age of 18 living at home. The final sample consisted of 543 responses.

Table 1 provides specific details on the demographic characteristics of the survey respondents. Nearly all of the caregivers who responded to the survey were female (93%). Three quarters of the respondents indicated that they share caregiving responsibilities for their child(ren) with another adult (79%) and were highly educated holding a bachelor's degree or higher (76%). Just over half of the caregivers who responded to the survey had a household income of over $75,000 (54%). Thirteen percent of all caregivers who responded have served or are serving in the U.S. military. There were an average of two children under the age of 18 living in the caregiver's home and the average age of the youngest child being cared for was 5.7 years old. The mean age of the caregivers was 41 years old.

Somewhat reflective of Colorado's population, the survey sample is primarily middle to upper income, well educated, mostly white caregivers who live in mixed urban and rural counties. This sample closely mirrors the overall demographics of Colorado where the majority of the population is white (87.7%), over a third of the population has a college degree or higher (37.5%), and the median household income is $60,000[2]. Additionally, the sample distribution for this survey is comparable to that of other surveys that caregivers in Colorado have responded to in recent years. Specifically, the Raising Colorado Survey had a sample size of 685 mothers with well over half of the mothers having a household income above $75,000, the majority being highly educated, and over 80 percent being white.

[2] 2014 U.S. Census.

TABLE 1. CHARACTERISTICS OF CAREGIVERS (N=543)[A]		
	#	%
Age (Mean=41.7, SD=9.11)		
35 and younger	97	25.50
36-45	167	44.00
over 45	116	30.50
Gender		
Male	24	6.80
Female	330	93.20
Race		
African American or Black	5	1.42
American Indian/Alaska Native	1	0.28
Asian American	5	1.42
Caucasian/White	298	84.90
Hispanic or Latino American	29	8.26
Multiracial	13	3.70
Highest level of education completed		
Graduate Degree(s)	5	1.41
College graduate	16	4.51
Some college/post-secondary/Technical School	65	18.31
High school graduate/GED	135	38.03
Less than high school	134	37.75
Estimated household income		
$75,000 or over	13	3.75
$50,000 to $74,999	22	6.34
$30,000 to $49,999	41	1.82
$10,000 to $29,999	82	23.63
Under $10,000	189	54.47
Foster Parent		
Yes	113	32.66
No	153	44.22
Children under age 18 living at home		
1	97	25.50
2	167	44.00
3+	116	30.50

Age of youngest child at home (mean=5.7, SD=4.9)		
Birth to 5	216	54.44
6 and older	133	44.29
Caregiving responsibilities shared with another adult		
Yes	279	79.04
No	74	20.96
Ever served in the U.S. military		
Yes	45	12.75
No	308	87.25
County Designation[3]		
Rural	55	15.63
Urban	118	33.52
Mixed rural	122	34.66
Mixed urban	57	16.19

[a] Respondents were not required to answer any demographic questions. There is an average of 40 percent of missing demographic data for all respondents.

In order to better understand how demographic or contextual factors might impact a respondent's view of their community, use of resources, or parental capacity, we conducted subgroup analyses of the data by key demographic characteristics such as race (white or non-white); income (annual income of $75,000 or less than $50,000); educational level (college degree or less than college degree); and caregiver responsibilities (single caregiver or shared caregiver responsibilities). We also considered the potential impact of a respondent's residential location by examining differences in response patterns for respondents living in rural versus urban counties.[4] For purposes of these analyses, the subgroups were structured to achieve a balance in sample size between the two subgroups and to maximum group differences.

[3] In the Demographics, Family Economic Security, Health, and Early Childhood sections of KIDS COUNT, an approach known as the Isserman method is used to designate counties as one of four types: rural, mixed rural, mixed urban or urban. Among Colorado's 64 counties, 42 are rural (population density is less than 500 people per square mile and 90 percent of population lives in rural areas or the county has no urban area of 10,000 or more); 15 are mixed rural (meets neither rural nor urban criteria and has a population density of fewer than 320 people per square mile); four are urban (population density is at least 500 people per square mile, 90 percent of population lives in urban areas and the urbanized areas include at least 50,000 people or 90 percent of the county's population); and three are mixed urban (meets neither rural nor urban criteria and has a population density of at least 320 people per square mile). See: Isserman, A. M. (2005). In the national interest: Defining rural and urban correctly in public policy. International Regional Science Review 28(4), 465-499.

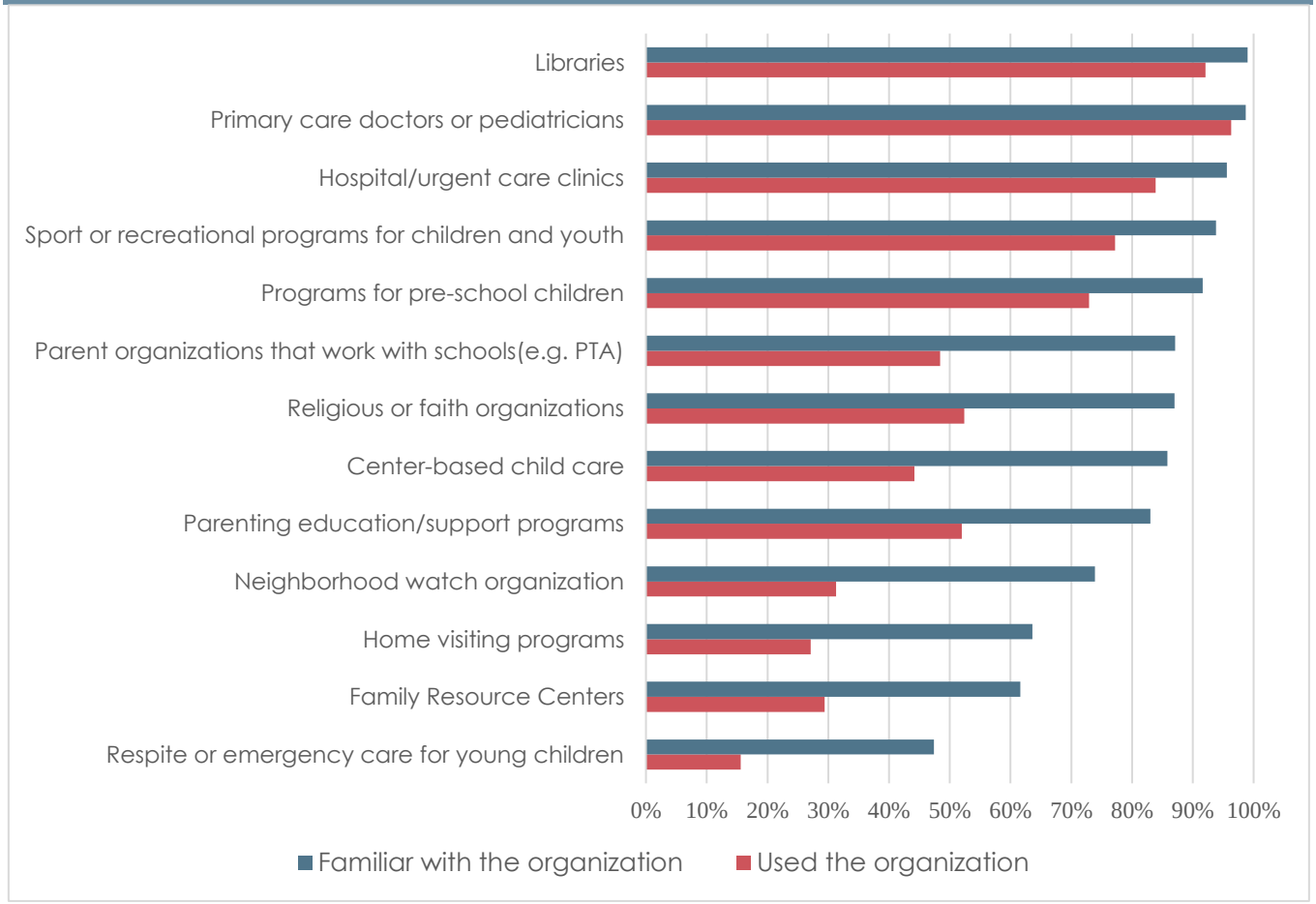
[4] In order to sharpen the potential differences on this dimension, we included only those respondents living in all urban or all rural counties, omitting those who live in "mixed urban/rural counties."

CAREGIVER KNOWLEDGE AND USE OF COMMUNITY RESOURCES

Communities often have organizations with resources and supports for families to help them care for their children. We explored the extent to which parents are aware of these resources and if they utilize them. We found that in general, caregivers were familiar with a large number of resources available to them in their community, but, in most cases, the use of these supports was limited.

As summarized in Figure 1, caregivers were most familiar with and most likely to use libraries, health care resources such as doctors and hospitals, recreational programs for youth, and educational and child care programs for young children. The community supports which caregivers were not as familiar with and also the least likely to use included respite or emergency care for young children, family resource centers, and home visiting programs. While the majority of parents were aware of school-based parent organizations such as the Parent Teacher Association (PTA) and local religious institutions, only about half of the respondents reported using these resources. Given the widespread availability of these two resources, the relatively low utilization level was somewhat surprising.

FIGURE 1: CAREGIVER KNOWLEDGE AND USE OF COMMUNITY RESOURCES



We collapsed the community support programs into fewer categories to get a clearer idea of the broad type of community resources that parents are most familiar with and use most frequently. We used these condensed categories to test the association between the familiarity and use of these resources across sub-populations of caregivers using the chi square significance test. The collapsed community supports include six categories: (1) libraries; (2) heath care (primary care physicians and hospitals); (3) children and youth care and education programs (center-based care, preschool, PTA, sports programs); (4) religious or faith organizations; (5) neighborhood watch; and (6) parent support programs (home visiting, respite care, parenting education, family resource centers).

An association with familiarity and use of parent support programs was found when examining the responses by education, household income, and county designation. Caregivers who reported higher household incomes, higher education, and living in an urban county participated more often in parent support programs, such as home visiting or parenting education. The other association to note, based on education and household income, was with familiarity and use of neighborhood watch organizations—higher income and college-educated respondents participate in these programs more frequently (see Tables 2 and 3). There was no association found between these sub-populations and the familiarity and use of libraries, health care programs, children and youth care and education, and religious or faith organizations. There was no association between race and single parent status on the familiarity or use of any of the community supports.

TABLE 2: FAMILIARITY OF COMMUNITY RESOURCES BY SUBPOPULATIONS OF CAREGIVERS

	Neighborhood Watch			Parent Support		
	#	% Familiar	p-value	#	% Familiar	p-value
Education						
College degree or higher	191	53.8	0.010*	249	70.1	0.051
Less than a college degree	46	13.0		77	21.7	
Household Income						
$75,000 or higher	140	52.8	0.002*	170	64.2	0.135
Less than $50,000	39	14.7		71	26.8	
County Designation						
Fully Urban	23	13.3	0.000*	111	64.2	0.172
Fully Rural	88	50.9		54	31.2	

* Statistically significant ($p \leq 0.05$)

TABLE 3: USE OF COMMUNITY RESOURCES BY SUBPOPULATIONS OF CAREGIVERS						
	Neighborhood Watch			Parent Support		
	#	% Using	p-value	#	% Using	p-value
Education						
College degree or higher	96	27.0	0.006*	168	47.3	0.018*
Less than a college degree	15	4.2		67	18.9	
Household Income						
$75,000 or higher	76	28.7	0.000*	107	40.3	0.000*
Less than $50,000	11	4.2		64	24.2	
County Designation						
Fully Urban	36	20.8	0.032*	75	43.4	0.086
Fully Rural	8	4.6		44	25.4	

* Statistically significant ($p \leq 0.05$)

CAREGIVER PERCEPTIONS OF COMMUNITY QUALITY AND MUTUAL SELF-HELP

The survey asked respondents to rate the extent to which they viewed their community as a positive environment for raising children and the extent to which they provided assistance to and received support from others in their community to help them care for their children.

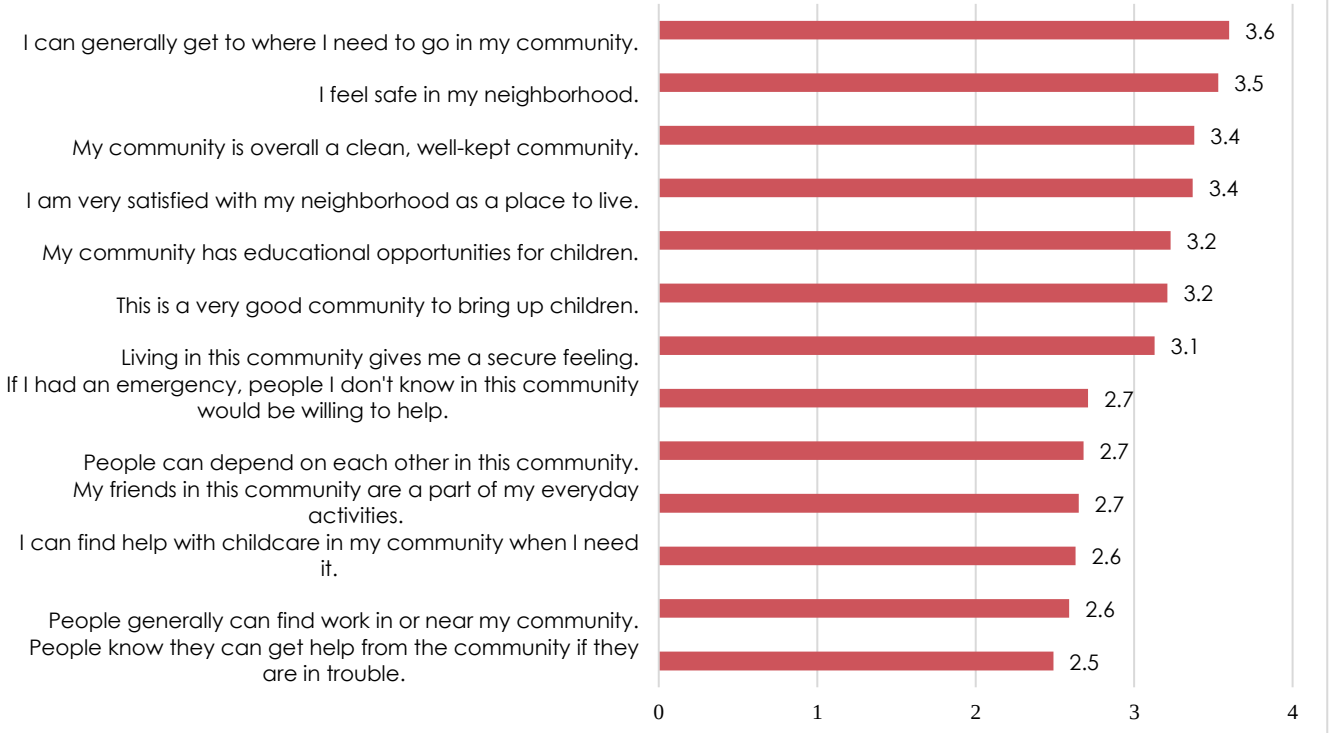
COMMUNITY QUALITY

Respondents were asked a series of questions about the extent to which they would be able to access a range of supports if needed within their community and their overall assessment of how hospitable their community is to supporting them as parents and individuals. For each statement, respondents were asked to rate their agreement on a four point scale with "1" indicating strong disagreement, "2" indicating disagreement, "3" indicating agreement, and "4" indicating strong agreement.

As noted in Figure 2, caregivers who responded to the survey were generally satisfied with their community and found their neighborhood safe, clean and a good place to raise children. The caregivers in our survey did not express concern, on average, over the transportation options in their community, indicating that they have little difficulty in getting to where they need to go in their community. In contrast, respondents reported more limited access to employment opportunities and child care options in their community. While many of the responses suggest caregivers believe that others in the community would be available to help if they had an emergency, respondents were less confident they would be able to secure needed help if they found themselves "in trouble". Since the

survey did not probe for greater detail in how respondents viewed the concept of "being in trouble", it is unclear what the specific limitations are to obtaining assistance when facing such circumstances.

FIGURE 2: COMMUNITY QUALITY AND CHARACTERISTICS (N-387)



In exploring the degree to which respondents differed in their overall perceptions of their community based on their sociodemographic characteristics, residential community, and single caregiver status, we gave each respondent a total score based on their individual responses to each item along the four-point agreement continuum (see Table 4). Higher scores indicate stronger agreement with more aspects of their community. The potential maximum score for any respondent using this method was 52 and scores in the sample range from 13 to 52. Using this total overall score for each respondent, we examined any differences by subgroup of caregivers using a t test difference between means scores. Notable differences were found when examining caregiver responses by race and ethnicity, education level, and household income. Caregivers who were non-white, had a lower income, and earned less than a college degree responded less favorably to items on the extent to which they can access supports if needed within their community, their overall satisfaction with their community as a safe place to raise children, and their assessment of how welcoming their community is to supporting them as parents and individuals.

Additionally, we specifically looked at four aspects of community quality that demonstrated the greatest variation across the sample. This included satisfaction in finding help with child care in

TABLE 4: COMMUNITY PERCEPTION BY SUBPOPULATION			
	Scale = 1-52		
	#	Mean Score (SD)	p-value
Race/Ethnicity			
White	293	40.2 (6.7)	0.000*
Non-White	53	33.5 (8.1)	
Education			
College degree or higher	267	39.7 (7.2)	0.011*
Less than a college degree	86	37.3 (8.2)	
Household Income			
$75,000 or higher	187	40.9 (6.3)	0.000*
Less than $50,000	76	35.4 (8.2)	
County Designation			
Urban	116	38.1 (7.8)	0.928
Rural	55	38.2(7.2)	
Caregiver shares caregiving responsibilities			
Yes	277	39.1 (7.2)	0.093
No	74	39.0 (8.7)	

* Statistically significant (p≤ 0.05)

their community; finding work in or near their community; ease in getting to where they need to go in their community; and belief that local residents know they can get help in the community if they are in trouble. For each statement, respondents were asked to rate their agreement on a four point scale with "1" indicating strong disagreement, "2" indicating disagreement, "3" indicating agreement, and "4" indicating strong agreement.

Table 5 indicates the degree to which the responses to these questions varied for respondents based on race, education, income, residential density, and caregiver responsibilities. As illustrated by this table, subpopulation differences were observed on four of these five dimensions. While differences were observed based on a respondent's race, income, education, and density of their community, no differences were observed between respondents caring for their children on their own and those who share caregiver responsibilities. As might be expected, those respondents with a college education and those with greater household incomes ($75,000 or higher) expressed fewer concerns about the child care, employment or transportation capacity of their community. Respondents living in urban areas were more likely to report greater satisfaction with employment options than those in rural communities while residents in rural communities were more likely than their counterparts living in urban communities to believe they and their neighbors would know where to get help if they were in trouble. In terms of race, white respondents were significantly more likely than non-white respondents to report their satisfaction in accessing child care, finding employment, having access to transportation, and securing assistance when in trouble.

TABLE 5. ASPECTS OF COMMUNITY QUALITY BY SUBPOPULATION (SCALE = 1-3)								
	Child Care		Employment		Transportation		Can Get Help When in Trouble	
	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value
Race/Ethnicity								
White (*n*=298)	2.7 (1.1)	0.029*	2.6 (1.1)	0.048*	3.7 (0.7)	0.000*	2.6 (1.1)	0.008*
Non-White (*n*=53)	2.3 (1.2)		2.3 (1.1)		3.2 (1.0)		2.1 (1.2)	
Education								
College degree or higher (*n*=269)	2.7 (1.1)	0.023*	2.6 (1.2)	0.455	3.7 (0.7)	0.000*	2.5 (1.1)	0.646
Less than a college degree (*n*=86)	2.4 (1.2)		2.5 (1.0)		3.3 (1.0		2.5 (1.0)	
Household Income								
$75,000 or higher (*n*=189)	2.7 (1.1)	0.001*	2.7 (1.1)	0.000*	3.7 (0.7)	0.001*	2.5 (1.1)	0.685
Less than $50,000 (*n*=76)	2.3 (1.1)		2.2 (1.1)		3.3 (1.0)		2.4 (1.1)	
County Designation								
Urban (*n*=118)	2.6 (1.1)	0.130	2.7 (1.0)	0.003*	3.6 (0.8)	0.925	2.3 (1.1)	0.018*
Rural (*n*=595	2.3 (1.1)		2.2 (1.0)		3.6 (0.8)		2.7 (0.8)	
Caregiver Shares Caregiving Responsibilities								
Yes (*n*=279)	2.7 (1.1)	0.157	2.6 (1.1)	0.987	3.6 (0.8)	0.948	2.4 (1.1)	0.090
No (*n*=74)	2.5 (1.2)		2.6 (1.1)		3.6 (0.8)		2.7 (1.0)	

* Statistically significant (p≤ 0.05)

MUTUAL SELF-HELP

A central component of some child abuse prevention theories is the degree to which parents rely on friends and neighbors to offer them assistance in meeting the needs of their children. These interactions frequently include such behaviors as asking others for basic advice on child rearing issues, offering to watch each other's children for short or longer periods of time, providing concrete resources, or helping each other do basic tasks such as shopping or helping around the house. Most of these activities are short term but, when available, have been found to reduce parental stress and create a more cohesive community.

To determine the extent to which parents in Colorado experience this type of mutual self-help, respondents were asked to document the frequency (once, more than once, or not at all) with which they engaged in various activities over the past 30 days. They documented engagement in these activities as both the provider of assistance as well as the one who ask for assistance. For purposes of reporting the data, we have collapsed the responses into two categories: engaging in the behavior or not engaging in the behavior. As summarized in Table 6, respondents were consistently more likely to have offered assistance in each of these areas over the past 30 days than to have asked for assistance. The most likely area for giving help to neighbors and friends was to give advice about child rearing; this was also the most likely way caregivers sought help from others. Conversely, respondents were least likely to offer help in taking care of others' children on a regular basis. Again, the same was true for respondents' help-seeking behavior—they were least likely to ask neighbors and friends for help with regular child care.

TABLE 6: HELP-GIVING AND HELP-SEEKING BEHAVIORS (N=387)

	Help giving behavior			Help seeking behavior		
	Yes	No	Mean (Scale= 1 - 3)	Yes	No	Mean (Scale= 1 - 3)
Giving advice or information about raising child(ren)	64.8%	35.3%	2.0	45.7%	54.3%	1.7
Running an errand, shopping, providing a ride, helping with a chore/repair	52.3%	47.7%	1.8	31.8%	68.2%	1.4
Lending things like money, tools, food, or clothing	54.4%	45.6%	1.8	23.6%	76.4%	1.3
Taking care child(ren) when something is unexpected	47.0%	53.0%	1.7	37.6%	62.4%	1.5
Taking care child(ren) on a regular (e.g. weekly or daily) basis	34.8%	65.2%	1.6	26.6%	73.4%	1.4

We examined the degree to which respondents differed in their help-giving and help-seeking behaviors based on their socio-demographic characteristics, residential community, and single caregiver status. As illustrated in Table 7, differences were observed in providing help on all of these behaviors for one or more of these subgroups. The more educated the caregiver and the more income a caregiver has, the less likely they were to provide regular or occasional child care, run an errand for a neighbor, or give child rearing advice. Another notable difference was that caregivers living in a rural community were more likely to engage in all of the behaviors than residents in urban counties. As compared to caregivers living in urban communities, rural residents were more likely to provide occasional and regular child care, offer to help their neighbors with chores, lend their neighbors items such as money, food, or clothing, and offer child rearing advice. No differences were observed on any of these dimensions in terms of the respondents' race or caregiving status. White and non-white respondents, and those raising their children on their own or with another adult, were equally likely to offer a wide range of support to their neighbors and friends.

When we examined the other end of the mutual support relationship, however, different patterns emerged. As presented in Table 8, no differences were observed in any of the subpopulations in terms of their likelihood to ask for occasional child care assistance or asking a friend to lend items such as money, clothes, or food. The only difference observed between white and non-white respondents was in the willingness of to ask friends or neighbors for child rearing advice. White caregivers were more likely to ask for child rearing advice than their non-white counterparts. College educated and higher income caregivers were less likely to run an errand or help a neighbor with a household chore. When observing help seeking behaviors by caregivers who live in an urban or rural community, caregivers living in a rural community were more likely to get help with child care on a regular basis from a neighbor and were more likely to ask a neighbor to run an errand or provide transportation. This trend is reflective of the pattern we observed in the area of helping giving, suggesting that mutual self-help may be more common in rural than urban areas. There were no notable differences observed for any of the behaviors in terms of caregiving status.

TABLE 7: HELP-GIVING BEHAVIORS BY SUBPOPULATION OF CAREGIVERS

	Providing regular child care help		Providing occasional child care help		Running an errand, providing transportation, helping with a chore		Lending things like money, tools, food, or clothing		Child rearing advice	
	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value
Race/Ethnicity										
White (*n*=296)	1.5 (0.8)	0.956	1.7 (0.8)	0.217	1.8 (0.8)	0.774	1.8 (0.8)	0.487	2.0 (0.9)	0.153
Non-White (*n*=53)	1.5 (0.9)		1.5 (0.7)		1.8 (0.8)		1.8 (0.8)		1.9 (0.9)	
Education										
College degree or higher (*n*=268)	1.4 (0.8)	0.000*	1.6 (0.8)	0.009*	1.7 (0.8)	0.000*	1.7 (0.8)	0.001*	2.0 (0.9)	0.153
Less than a college degree (*n*=85)	1.9 (0.9)		1.9 (0.8)		2.1 (0.8)		2.0 (0.8)		2.2 (0.9)	
Household Income										
$75,000 or higher (*n*=188)	1.5 (0.8)	0.031	1.6 (1.5)	0.276	1.7 (0.8)	0.020*	1.7 (0.8)	0.024*	2.0 (0.9)	0.358
Less than $50,000 (*n*=76)	1.7 (0.9)		1.7 (1.6)		1.9 (0.9)		2.0 (0.8)		2.1 (0.9)	
County Designation										
Urban (*n*=118)	1.3 (0.6)	0.022*	1.5 (0.7)	0.230	1.6 (0.7)	0.053	1.6 (0.8)	0.001*	1.9 (0.9)	0.011*
Rural (*n*=55)	1.6 (0.8)		1.7 (0.7)		1.8 (0.8)		2.0 (0.8)		2.3 (0.8)	
Caregiver Shares Caregiving Responsibilities										
Yes (*n*=279)	1.5 (0.8)	0.960	1.7 (0.8)	0.078	1.7 (0.8)	0.174	1.8 (0.8)	0.681	2.1 (0.9)	0.124
No (*n*=73)	1.5 (0.8)		1.5 (0.7)		1.9 (0.8)		1.8 (0.8)		1.9 (0.9)	

* Statistically significant ($p \leq 0.05$)

TABLE 8: HELP-SEEKING BEHAVIORS BY SUBPOPULATION OF CAREGIVERS

	Providing regular child care help		Providing occasional child care help		Running an errand, providing transportation, helping with a chore		Lending things like money, tools, food, or clothing		Child rearing advice	
	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value
Race/Ethnicity										
White (n=298)	1.4 (0.7)	0.383	1.5 (0.6)	0.775	1.4 (0.7)	0.992	1.3 (0.6)	0.876	1.8 (0.8)	0.009*
Non-White (n=53)	1.5 (0.7)		1.4 (0.6)		1.4 (0.7)		1.3 (0.6)		1.4 (0.7)	
Education										
College degree or higher (n=269)	1.4 (0.7)	0.225	1.4 (0.6)	0.611	1.4 (0.6)	0.070	1.3 (0.6)	0.302	1.7 (0.8)	0.173
Less than a college degree (n=86)	1.5 (0.7)		1.5 (0.6)		1.5 (0.7		1.3 (0.6)		1.6 (0.8)	
Household Income										
$75,000 or higher (n=189)	1.4 (0.7)	0.686	1.5 (0.7)	0.793	1.4 (0.7)	0.016*	1.3 (0.6)	0.331	1.8 (0.8)	0.226
Less than $50,000 (n=76)	1.4 (0.7)		1.5 (0.7)		1.6 (0.8)		1.4 (0.6)		1.7 (0.8)	
County Designation										
Urban (n=118)	1.3 (0.6)	0.018*	1.4 (0.6)	0.937	1.3 (0.6)	0.007*	1.3 (0.6)	0.203	1.7 (0.8)	0.310
Rural (n=55)	1.5 (0.7)		1.4 (.06)		1.6 (0.7)		1.4 (0.6)		1.8 (0.8)	
Caregiver Shares Caregiving Responsibilities										
Yes (n=279)	1.4 (0.7)	0.986	1.5 (0.6)	0.883	1.4 (0.6)	0.225	1.3 (0.6)	0.200	1.7 (0.8)	0.092
No (n=74)	1.3 (0.6)		1.4 (0.7)		1.5 (0.7)		1.3 (0.6)		1.7 (0.8)	

* Statistically significant ($p \leq 0.05$)

PARENT ASSESSMENT OF PARENTAL CAPACITY

Questions in this section of the survey examined parents self-report of their ability to ensure that their child's developmental needs are being appropriately and adequately met. Caregivers were asked questions related to their family's capacity to care for their children, including how often specific characteristics describe their family. The majority of caregivers felt that most of the time their families enjoy spending time together, consistently meet their child's basic needs, pull together when things are stressful, and take time to listen to each other (see Table 9). However, nearly 30 percent of caregivers feel their family is not able to find resources in the community when needed.

In terms of assessing specific parent-child interactions, respondents were asked to focus on their relationship with the youngest child in their household (see Table 10). In this sample, the average age of the youngest child was 5.7 years old. When looking at their interactions with their youngest child, respondents reported that caring for a young child can be stressful. Nearly a third of caregivers stated that on occasion, their child misbehaves just to upset them. Additionally, 18 percent of caregivers reported that on occasion, they lose control when disciplining their child. The vast majority of caregivers reported they are close to their child, are happy being with their child, they know how to help and soothe their child, and they praise their child when the child behaves well.

TABLE 9. FAMILY FUNCTIONING (*N*=362)

From the statements listed below, please indicate how well each characteristic describes your family:	Most of the time	Rarely and On Occasion	Mean (Scale 1-3)
My family can consistently meet our basic material needs (e.g., food, clothing and shelter).	91.7%	8.3%	2.9
My family enjoys spending time together.	90.9%	9.1%	2.9
In my family, we take time to listen to each other.	84.8%	15.2%	2.8
My family pulls together when things are stressful.	84.7%	15.3%	2.8
My family is able to solve our problems.	84.3%	15.8%	2.8
Members of my family are emotionally and physically healthy.	82.8%	17.2%	2.8
In my family, we talk about problems.	80.3%	19.7%	2.8
My family is able to find resources in the community when we need them.	72.2%	27.8%	2.7

TABLE 10. PARENT AND CHILD INTERACTION (*N*=358)			
Please indicate how often each statement applies to you in thinking about the relationship with your youngest child living in your home:	**Most of the time**	**Rarely and On Occasion**	**Mean (Scale 1-3)**
I am happy being with my child.	97.2%	2.8%	3.0
My child and I are very close to each other.	93.3%	6.7%	2.9
I know how to help my child.	92.7%	7.3%	2.9
I praise my child when he/she behaves well.	92.4%	7.6%	2.9
I am able to soothe my child when he/she is upset.	91.6%	8.4%	2.9
I spend time with my child doing what he/she likes to do.	83.8%	16.3%	2.8
I know what to expect from my child as he/she grows and develops.	82.7%	17.3%	2.8
When I discipline my child, I lose control.	81.9%	18.1%	2.8
I believe my child misbehaves just to upset me.	68.0%	32.0%	2.6

We next examined the degree to which caregivers' self-reported on their ability and capacity to care for their children, including how often specific characteristics describe their family, based on their socio-demographic characteristics, residential community, and single caregiver status. We gave each respondent a total score for both Family Functioning statements and Parent and Child Interaction statements, based on their individual responses to each item. We used a three-point scale of how often the statement applied to them and their family ("1" indicates rarely, "2" indicates on occasion, and "3" indicates most of the time). Higher scores indicate stronger frequency or agreement with more positive aspects of parental capacity. Using this total overall score for each respondent, we examined any differences by subgroup of caregivers using a t test between means. While these differences are significant in many cases, the absolute difference is minimal (in some cases less than 0.6 points between the two average scores). Notable differences were found for four of the five dimensions. While differences were observed based on a respondents race, income, education, and single parent status, no differences were observed between respondents living in a rural or urban community. The most substantive differences are along racial lines – white are more satisfied with their family functioning and more positive in their interactions with their children than non-whites. In addition, those with higher incomes are generally more positive on both dimensions. Those who have another adult with whom they share child rearing responsibilities are more satisfied in these two areas than those raising children on their own.

TABLE 11. FAMILY FUNCTIONING AND PARENT AND CHILD INTERACTION BY SUBPOPULATION				
	Family Functioning (Scale = 1 to 24)		Parent and Child interaction (Scale = 1 to 27)	
	Mean Score (SD)	*p*-value	Mean Score (SD)	*p*-value
Race/Ethnicity				
White (*n*=296)	22.7 (2.1)	0.005*	25.8 (1.6)	0.005*
Non-White (*n*=53)	21.6 (2.7)		25.0 (2.5)	
Education				
College degree or higher (*n*=267)	22.8 (1.9)	0.000*	25.8 (1.7)	0.083
Less than a college degree (*n*=86)	21.8 (3.0)		25.4 (2.0)	
Household Income				
$75,000 or higher (*n*=188)	23.1 (1.6)	0.000*	25.8 (1.7)	0.062
Less than $50,000 (*n*=76)	20.9 (3.1)		25.3 (2.1)	
County Designation				
Urban (*n*=117)	22.6 (2.2)	0.143	25.6 (1.8)	0.447
Rural (*n*=55)	22.0 (2.9)		25.9 (1.7)	
Caregiver shares caregiving responsibilities				
Yes (*n*=278)	22.8 (2.0)	0.000*	25.8 (1.6)	0.055
No (*n*=86)	21.7 (2.9)		25.3 (2.1)	

* Statistically significant ($p \leq 0.05$)

DATA LIMITATIONS

As with any survey, there are some data limitations that should be kept in mind.

- Missing data: Not all questions required a response and therefore there were a number of missing answers. In fact, for most questions related to personal characteristics (age, race, income, gender, educational level); household composition (number of children, number of caretakers in the home); and residential ZIP code, the response rate was relatively low overall (approximately a 65% response rate across all demographic domains).
- Low variability: Although we had a large sample (*N*=573), the sample was largely female, upper-income, and highly resourced families. While this is not unusual in parent self-report samples, the attitudes and behaviors represented in the data may not be fully reflective of the total Colorado parent population.

KEY FINDINGS

Several overall findings emerged from this survey:

- Caregivers in this survey, as in other population-based surveys conducted by Chapin Hall, find that respondents were consistently more likely to report providing assistance to others than

asking for assistance themselves. This trend underscores the importance of creating a prevention message that encourages both help-seeking as well as help-giving behaviors.

- While the caregivers in the survey are generally satisfied with their communities as a positive place to raise their children, respondents consistently cited employment opportunities and appropriate child care as resources that are not as readily available as they might prefer. These perceptions were particularly noticeable among caregivers who had a household income below $50,000 and less than a college degree.
- Caregivers are generally aware of a wide range of formal and informal resources in their community to assist them in meeting the needs of their children. However, many caregivers, for whatever reason, do not routinely utilize these resources. Most caregivers report knowing about a range of supportive services in their communities such as family resource centers, respite care centers, parent education programs and home visiting programs. However, relatively few caregivers are utilizing these resources. The two exceptions to this pattern were public libraries and health care resources, both of which were accessed by most caregivers.

IMPLICATIONS FOR PLANNING

The findings from the survey have several implications for planning including:

- Public awareness and prevention messages are needed to make the case for encouraging community residents to seek out help from each other. It is particularly important to encourage parents to ask for help when they feel overwhelmed with meeting the day-to-day responsibilities of caring for their children as well as caring for themselves.
- Creating viable economic opportunities for parents and insuring access to high quality childcare is as important for strengthening parental capacity as more traditional forms of parent support.
- Greater attention is needed to embedding parent education and support opportunities into the fabric of community life. Particularly promising prevention partners include local health providers as well as public libraries.
- Given the differences in parental attitudes and resources observed across different groups of parents, it will be important going forward to foster local community planning efforts to insure that communities invest in strategies most relevant to their residents.
- The parent survey identified specific questions regarding parent views of their community and their personal capacity to meet the needs of their children. These questions should be asked on a regular basis of those participating in prevention programs as well as on population-based surveys.
- Parents continue to need ongoing education regarding which behaviors are developmentally appropriate for children and to have opportunities to strengthen their capacity and confidence in meeting the needs of their children at all stages of development.

FOCUS GROUPS

Jennifer L. Bellamy

Focus groups were held, in partnership with the Colorado Office of Early Childhood, throughout the state of Colorado with a variety of caregivers. The objective of holding these was to gather diverse opinions from various subgroups of parents. We were interested in learning more about the supports and resources available to parents in their community and how these resources can help caregivers to care for their children and to strengthen their parenting skills. (See Appendix B for the focus group facilitation guide). The focus group locations were selected to maximize the representations of parents from diverse communities across the state of Colorado. Parents were recruited from local community service providers, Early Learning Facilities, fatherhood programs, and local family resource centers. The focus groups were conducted between April 12, 2016 and May 25, 2016 in seven different locations.

DESCRIPTION OF PARTICIPANTS

A total 63 caregivers participated in seven focus groups held in Alamosa, Colorado Springs, Craig, Denver, Durango, Fort Collins, and Wray. Table 1 includes a listing of the location of each of the focus groups and general characteristics each group's participants. Parents attended voluntarily, and were provided with refreshments as well as childcare and transportation to facilitate their attendance. The each group lasted approximately an hour and a half. The sessions were audio recorded and transcribed to improve accuracy, and the audio recordings in Spanish were translated and transcribed into English.

TABLE 1. FOCUS GROUP LOCATIONS AND CHARACTERISTICS

Location				Language	Female		White		Latino/a		African American	
City	County	Rural/ Urban	#	Spanish/ English	#	%	#	%	#	%	#	%
Alamosa	Alamosa	Rural	8	English	5	62.5	6	75	2	25	0	0
Colorado Springs	El Paso	Mixed Rural	3	English	0	0	3	100	0	0	0	0
Craig	Moffat	Mixed Rural	11	English	9	91.8	11	100	0	0	0	0
Denver	Denver	Urban	5	English	4	80	0	0	0	0	5	100
Durango	La Plata	Mixed Rural	12	Mixed	10	93.3	2	20	10	80	0	0
Ft. Collins	Larimer	Mixed Rural	12	Spanish	11	91.7	0	0	12	100	0	0
Wray	Yuma	Rural	12	English	8	56.7	11	91.7	1	8.3	0	0

COMMUNITY RESOURCES AND SUPPORTS

Participants were asked to comment on the supports and resources available in their community which they view as valuable in meeting the needs of their children. Overall parents were positive about the formal services that they accessed in their communities and reported they were willing to help each other as needed through informal supports.

COMMUNITY FORMAL SUPPORT

There were a number of formal community supports discussed in the groups. Overall, the formal services that parents most frequently described as most valuable to them included parenting classes and home visiting services, childcare, health and developmental services, and services that provided activities for children. Table 2 presents the number of times each type of formal support was reported across focus groups, and the number of focus groups in which the theme was mentioned. Parents highlighted the value of parenting classes and home visiting services offered through community agencies and schools. The specific programs and organizations that were named as important included Nurturing Parenting, Strengthening Families, Nurse Family Partnership, the Center on Fathering, La Llave Family Resource Center, and local offices of the Department of Human Services. Parents described the skills they learned from these programs, such as communicating with their children; getting their children to eat healthy foods; using appropriate discipline to manage their child's behavior, including lying; , and safety proofing their homes. They appreciated how these services offer "a bunch of suggestions and situational ideas" and "teach how to do it the right way." A parent raising a child with a disability stated he learned how "to keep my cool and understand [my son] better and be able to talk to him a little better without yelling." Parents also valued the reassurance and feedback they received in parenting programs. One parent stated, "it's kind of nice to have someone come and tell you you're doing okay on a more consistent basis and tell me 'you're feeding him okay." Parents also valued the information and support they

TABLE 2. FORMAL SUPPORT TYPE

Formal Support Type	Coded Segments	Coded in x of 7 Focus Groups
Parenting classes	38	7
Kids activities	38	7
Direct support	30	7
Churches	22	6
Medical or Dental	20	6
Libraries	20	6
Schools	19	5
Child care	16	7
Developmental or Disability	12	2
Home visiting	12	4
Preschool	10	3
Support groups	8	4
Parks	7	3
Adult education	7	3
Therapeutic	6	1
Family activities	5	4
Tutoring	3	2
Transportation	3	2
After school programs	3	2
Head Start	2	2
Drug court	2	1
Domestic violence	1	1
Gang violence	1	1
Job training	1	1
Respite	1	1

received from other parents in the class. One parent stated, “I just like being around the other dads and seeing their different experiences or their different methods.”

Parents often talked about the importance of high quality and affordable childcare, though this particular resource was often described as being in short supply. Childcare providers used by parents included public preschools, churches, and private providers; and these formal services were often combined with other, more informal childcare arrangements involving friends, family and neighbors. Concerns about the lack of childcare were more prevalent in rural communities. In the Craig focus group, one parent from a neighboring town stated there was only one licensed daycare provider in their town. Other parents commented on the lack of affordable preschool options for low-income families and children without disabilities. In the Wray focus group, parents discussed how the one daycare center in the town is at capacity and has a four month waiting list for infants. The cost of daycare was also raised in this focus group. According to one parent, “Once we did the math and looked at all the daycare options, it was cheaper for me to stay home and not work…I would be paying for me to go to work.”

Parents also described how helpful it was to have access to pediatric medical and dental care. Some parents identified specific pediatricians and dentists and described them as “fabulous” and “phenomenal.” Parents in Denver and Fort Collins mentioned the free health clinics in their communities which offered routine check-ups, mammograms, birth control, and free medicine. Relatedly, some parents identified valuable developmental and disability services and organizations, including Child Find, Horizons, BOCES, and Freedom House.

In some rural communities, parents emphasized the lack of access to medical, dental, and developmental services providers. In Wray, parents stated there were no pediatricians or dentists who accepted Medicaid in the area, forcing them to travel to Denver, Sterling, or Fort Collins to obtain services. One family discussed having to wait 13 months for a developmental evaluation at Children’s Hospital at Denver. A parent in Craig talked about the lack of support services for older children with disabilities: “I feel like there’s so many amazing services for kids like birth to three, to help when your kids have diagnoses or things like that, but once my son gets out of the school system, there’s nothing.”

Activities for children, including those provided by organizations like the YMCA, Boys and Girls Clubs, city parks and recreation, camps, schools, churches, and in particular, libraries were often highlighted by parents. However, the availability of these services varied depending on location. For instance, parents in Alamosa talked about the shortage of activities for children while parents in Denver identified numerous programs available. The majority of parents wanted more of these kinds of services, especially for younger children who are not yet in school, and to bridge gaps in child care particularly at summertime, school breaks, and after school. Some parents also felt that more

affordable or free activities were needed (especially for parents who have more than one child), as well as additional services offered in Spanish.

Libraries were identified as a valuable support, and one that parents would like to see expanded in terms of both hours and services. Parents discussed a variety of services and activities offered through their local libraries, including summer reading programs, storytelling, puppet shows, tutoring, movie nights, arts and crafts, GED preparation, computer training, and computer labs. In some communities, parents expressed their desire for the library to be open more days and for longer hours.

Though less commonly described, financial assistance and assistance with other basic needs such as housing, clothing, utilities, food, and transportation were discussed in most groups as being very helpful in difficult times or during family transitions, such as moving or going through a divorce. Most often programs offered through the Department of Human Services (e.g., food stamps, WIC, and TANF), department of human services and churches were named as resources that provided this type of temporary assistance.

COMMUNITY INFORMAL SUPPORT

Parents reported they were willing to help each other as needed through informal supports. They most commonly reported calling upon friends and neighbors for help with childcare and practical assistance, including clothing, furniture, small loans, and transportation. Table 3 presents the number of times each type of informal support was reported across the focus groups, and the number of focus groups within which the theme was mentioned.

TABLE 3. INFORMAL SUPPORT TYPE

Informal Support Type	Coded Segments	Coded in x of 7 Focus Groups
Child care	18	7
Baby/child supplies	7	5
Household goods	7	4
Small loan	5	4
Transportation	5	2
Food	4	3
Advice	4	3
Resources	3	2
Emotional support	2	1

Oftentimes parents described scenarios where they sought help from friends and neighbors with childcare when they were in a tight spot, such as during school breaks, during an emergency situation, or when something unexpected came up. For example, one parent described being unable to get to her children due to weather, and asking a neighbor to watch after them until she was able to travel. Using informal resources for childcare is particularly important in communities with a lack of affordable child care providers. One parent explained, “We have one licensed daycare provider in town and then that’s it…So, for us, it’s just friends watching each other’s kids and you just exchange daycare and help when needed.” Another parent commented, “We have some child care providers but they’re pretty expensive and unaffordable. It’s easier on families to work out with a friend for watching their kid or sharing child care.”

TABLE 4. FACILITATORS OF INFORMAL SUPPORT		
Facilitator	**Coded Segments**	**Coded in x of 7 Focus Groups**
Social connections	9	5
Small town	4	2
Internet	3	2
Empathy	3	3
Feels good	3	3

Overall, participants identified a variety of other ways parents help each other in times of need, including cooking meals, informing each other about formal community resources, offering emotional support, and sharing parenting advice. Parents regularly described exchanging clothing and baby items with each other. Things like cribs, bedding, highchairs and other items that might be used and re-used were often given as examples. Some parents might also share these things, or find these things, with other parents they do not know through online exchanges (e.g. Craigslist or Facebook). One parent in Alamosa commented, "People are generous with the baby stuff. If you're asking for baby stuff, this community will make sure that baby's taken care of."

MUTUAL SELF-HELP

Parents were generally more comfortable in providing help than in receiving it. Table 4 presents the number of times each type of informal support was reported across focus groups, and the number of focus groups within which the theme was mentioned. Some reported that they wanted to help out especially because they knew what it was like to struggle with parenting, or struggle economically. One parent stated, "I know that situation so I like to help out because I've been there, done that. If like that was me, I would really like someone to help me." Several parents noted that helping others makes them feel good. According to one parent, "Sometimes if you're helping somebody else, you're not thinking about yourself so much. You find out that there are people out there that are a lot worse off than you are and if you can help them, it makes you feel good too."

TABLE 5. BARRIERS TO INFORMAL SUPPORT		
Barrier	**Coded Segments**	**Coded in x of 7 Focus Groups**
Distrust	12	3
Judgment	6	3
Pride/Independence	7	5
Isolation	5	4
Culture/language	5	3
Stress	4	2
Ability	4	3
Burden	4	3
Substance abuse	3	1
Prefer to give	3	2
Liability	2	1
Environment	2	2
Crime	2	1
Rejection	1	1

While most parents believed people were willing to provide help, not everyone found it easy to ask for help. Table 5 presents the number of times each type of barrier to informal support was reported across focus groups, and the number of focus groups within which the theme was mentioned. Pride and a culture of independence frequently emerged as barriers to asking for help. One parent stated, "I don't like to ask for help either, because we were always so used to getting everything on our own so it's hard to ask people for free help without doing something." Others explained, "I was raised not to ask for help" and "You take care of yourself, you don't ask for help."

Concerns about being judged also prevented some from seeking help from friends and family. Parents stated "Then you just seem needy," and "I better not because she is going to think 'ugh, she is begging'." Some parents worried about being a burden to others. They stated, "You hear their stuff so you're thinking, oh, they may have too much, I don't want to add mine onto it" and "There are so many people that are really struggling around here that if it's not really desperate, it's almost, I think, selfish." Several parents described being new to or disconnected from their communities and not having people with whom they felt comfortable enough to ask for help. One parent commented, "I just don't really know anybody; we tend to stick to ourselves." Another parent stated, "I think there's a lot of people in the community that feel isolated, that don't have girlfriends or someone to talk to about parenting issues, that don't know where to turn." Other parents described feeling afraid that they would be told no, or turned down when asking for help.

Parents were able to break through these barriers on occasion when they were in a particularly difficult circumstance or when they were asking for help on behalf of their child. Some barriers to providing and receiving informal support appeared to be specific to one community (e.g., economic stress, crime, and distrust). Please see the section on community differences for additional examples.

POSSIBLE INNOVATIONS

We heard from caregivers on their thoughts regarding new ideas and supports for parents. Some of the possible innovations shared with the focus groups included 1) an information sharing system to assist local providers in more efficiently linking families with appropriate services and 2) the idea of "parent cafés" where parents meet together in small groups on a regular basis to share and learn parenting practices, such as discipline ideas, how to manage picky eaters, etc. Participants were asked their reaction to these new innovative ideas and how they might play a leadership role in planning and implementing these service options.

INFORMATION SHARING AND REFERRAL

Parents overall had somewhat mixed reactions to the idea of formalizing a service referral system and improving information sharing across agencies and service providers. Many parents voiced their feeling that it would be more convenient for them. They felt that this approach might save them time and frustration and improve their service experience in general by making access to needed services more efficient. One parent explained, "You go somewhere and fill out all these papers and they end up not being able to help you, you have to go to that place and redo everything else. I would like that a lot, they could just transfer it over and that would be good." Another added, "They already know what's going on and I don't have to explain my story." Some parents talked about how they might be more likely to seek help or to follow through with referrals if such a system were in place. A parent stated, "I

know personally when I get something else thrown onto my plate, I tend to kind of push whatever I can off and so if I've got someone calling me though, I'm more motivated to get it taken care of."

On the other hand, numerous parents also voiced concerns. The most commonly described concern was of confidentiality. Parents thought that families may not be willing to share information freely, particularly information about problems or sensitive topics. Parents responded, "There are people out there who are more cautious and they don't want their information to get out there". In some cases, parents were worried that the information would be used against them). Another often-cited concern was that agencies would not follow through, or that referrals might fall through the cracks. One parent noted, "The time frame, that's the question. How long is it going to take? I'm in emergency mode here."

Some parents that had hesitations, also suggested improvements that they felt might make the system more acceptable to parents. Most often parents thought that some sort of consent process should be involved, and that the information sharing would be both informed and voluntary. In other words, parents should be made aware that information would be shared (many likened this to the doctor's office) and that they could opt in or out of the process. Others also described approaches that would lend some sort of control to what information was shared with whom, such as a specific release form that allowed parents to direct their information. In general, male parents and African American parents in particular were the most negative toward sharing information across services providers and systems.

PARENT CAFÉS

Parents were generally positively inclined toward Parent Cafés. They thought that the idea sounded "fun" and liked that they would have the opportunity to learn from other parents. One parent who had already attended Parent Cafés commented, "I never miss…I learned a lot of things…It has helped me feel better about my kids." Other parents liked that it would provide an opportunity for connecting with other parents. One said, "Even if you don't really care about whether it's a picky eater or not, just the chance to connect with other parents would be really helpful." One parent who stated she tended to keep to herself responded "I would go…that's something that would interest me" because of the informal nature of the group. Parents also liked the idea that the topics would change and that they would not necessarily be required to attend every group meeting. They could come in and out of participation based on their interest and availability.

The most frequently mentioned concern was if parents would come regularly or if participation might fizzle out or not catch on to begin with. A parent who has already attended some Parent Cafes commented, "I have invited friends from the trailer park. They have told me they will come and then they don't show up." She also described how participation dwindled over time: "On the first day it was ten of us. On graduation day, do you know how many of us were there? Only three of us. It was a pity."

While some of the parents liked that other parents might host the Parent Café, because this might make them more comfortable or more inclined to share information; other parents questioned whether these groups led by nonprofessionals would impart dependable information. They had questions about whether or not they should listen to other parents, or how disagreements among group members would be handled. Participants in two of the focus groups described why they believed a professional should run the groups. They discussed the need for someone who can "draw the line" or "cut if off" when someone is upset and "[make] sure that you set up that environment where it ends up that everybody gets to be heard and kind of keeps things sort of on point".

PARENT LEADERSHIP

In general, parents were uncertain how they might take more of a leadership role in their communities. When asked the question, parents responded with silence or made comments like "I wouldn't even know where to begin." Most parents wanted examples of what they might do and struggled to come up with ideas of their own. Some of them liked the idea of leading groups or activities like a Parent Café. Others felt that those parents who wish to, or can, step up to take a leadership role do so already and that new opportunities would not likely change parents' involvement in their communities. Some emphasized the overall lack of interest parents have for becoming involved in their communities, discussing how schools and recreational programs are always in need of parents to help out. One parent stated, "I don't think there's a whole lot of interest, more or less. I think there's opportunity but I don't think there's interest." Barriers to taking more of a leadership role included insufficient time and the burden of other responsibilities (e.g., taking care of their children). Others felt they simply would not know how to take on a leadership role.

Focus group participants, however, nearly universally expressed their appreciation for being able to provide feedback on services or inform the state as to their experiences. Many of them said they enjoyed participating in the focus groups and that this data collection process was a good sign that the state valued parents' insights on improving services. One parent stated that the focus group "gives me a little bit of faith that the state is trying to do something decent through the whole process." Another parent noted, "Just the fact that they've got you coming out here and talking to us shows that there is interest and they really care. So I'm excited about that at least." Parents from more rural areas said they were particularly pleased that an effort was made to include their communities as well. Others said they would be interested in other opportunities to provide feedback, perhaps on a more regular basis.

CHARACTERISTICS OF PREVENTION PLANS/CORE VALUES OF PRACTICE

Oftentimes when asked to talk about the qualities of services that they appreciated, parents highlighted interactions with individual service providers. Table 6 presents the number of times a particular service value was reported across focus groups, and the number of focus groups within

TABLE 6. CORE VALUES

Value	Coded Segments	Coded in x of 7 Focus Groups
Genuine Caring	25	7
Non-judgmental	19	6
Relationships	13	7
Facilitate attendance	10	5
Value	10	7
Respectful	7	5
Comfortable	6	3
Responsive	5	4
Trust	5	4
Take the time	5	2
Bilingual	5	2
Experienced	4	3
Individualized	4	3
Recognition	4	2
Culturally competent	4	3
Confidentiality	3	3
Greet you/Approachable	4	2
Small caseload/community	2	1
Enjoyable/fun	2	1
Accurate info	1	1

which the theme was mentioned. Many parents described a sense of genuineness or feeling that the people providing the service

"truly care" about them and their family as being critical. According to one parent, "The first time you meet them you're going to know right away, it's just in your heart, to know if they truly care about you getting this info and coming to this class or if it's just they have to be professional for their job and be nice and act like they care." Another parent stated, "People would rather go to a place where they feel appreciated and not tolerated." Parents described how providers show they care by remembering peoples' names, noticing and checking in when you miss a class, asking after family members' wellbeing, bringing small gifts, or taking the time to really listen, get to know everyone, and address their unique needs.

Participants also described good providers as those who were able to make parents feel comfortable or not ashamed or being judged for needing help. One parent described a provider as "amazing" because she "doesn't make you feel inadequate or different." Non-judgmental providers "make you feel like—they don't make you feel like you've been a horrible parent—they're happy that you did come to get this help." Other qualities included professionals who celebrated parents' successes, maintained confidentiality, were experienced, and responded in a timely manner.

Parents also offered counter experiences where they felt they were not valued or that the professional was just "in it for the check". Some negative experiences included those where providers judged them or their children based on their race or disability status. They emphasized how those experiences, whether they happen to a parent personally or someone they know, can prevent people from accessing or returning to services in their community.

While parents tended to focus on the qualities of the individuals they work with that keep them coming back, characteristics of programs and organizations were discussed as well. Parents emphasized the need for programs to provide childcare and transportation to facilitate attendance. Parents appreciated programs that offered food and provided fun family activities (e.g., singing, games, arts and crafts). Culture and language was mentioned in several focus groups. Latino/a parents discussed the need for

bilingual services and commented that they felt “more comfortable” in groups with all Latino/a parents because they have more things in common. Similarly, African American parents stressed the need for “culturally competency” and “staff that reflects the clientele.”

ADDITIONAL PARENT FEEDBACK AND IDEAS

The last section of the focus groups was open for caregivers to discuss any additional parenting topics not covered. Parents mentioned services or programs they have previously accessed in other communities or ideas for services or programs that they believe should be created. One parent described a program she participated in when she lived in Denver called Mothers of Preschoolers (MOPS). She stated there was also a Teen MOPS program. They hold two-hour long group meetings where childcare is provided and parents have a potluck and can make connections with one another. The idea of a more formal place or event (e.g., exchange or swap meet) where parents can donate or obtain supplies for their children was mentioned in multiple focus groups. Some parents also wanted a central hotline or website where parents can learn about the resources available in their community or that service providers needed to do a better job advertising what services they offer in the community. Some of the fathers spoke of the need for more support groups led by fathers and more training programs for fathers of newborns (i.e., how to care for an infant during the first year). They discussed how many of the current services are geared primarily towards the prenatal period and birth. One father spoke about his reluctance to attend parenting classes and groups because the vast majority of attendees are women.

VARIATION ACROSS FOCUS GROUPS

There was wide variation across the seven focus groups that were conducted. This section provides more detailed descriptions of each specific focus groups including the unique characteristics of each group.

ALAMOSA

Characteristics of focus group participants: Rural, English speaking, 62.5% Female, 75% White, 25% Latino/a.

Participants in this focus group felt that people generally wanted to be helpful as much as they can, but may not feel trusting enough or well-resourced enough to engage with other parents in the community. Some parents felt that the help a parent receives depended on “who you know”, or how well integrated that parent is in the community. Most of the parents reported recently moving to the area, or back into the area, and struggling with money or employment at some point. A strong theme in this group was concern about what they saw as a growing drug and crime problem which has created distrust among residents and prevents people from offering informal help. The parents praised the professional service

providers in the community and expressed high regard for local parent training and home visiting programs, as well as social services in general (including child welfare, TANF office, drug courts). While parents were able to identify numerous formal services available in their community, they emphasized the lack of activities for their children. Parents in this focus group seemed particularly excited about the Parent Café idea.

COLORADO SPRINGS

Characteristics of focus group participants: Mixed Rural, English speaking, all fathers, 100% White

This group was notably more cautious and skeptical about the child and family services in their community. While they valued library services, parks, and recreation, they were less interested in parenting classes, referral services, or help from the state in general. They had a lot of concerns about invasion of privacy, or information being used against them. With that said, the fathers in the group expressed a need for programs that focused on teaching them how to care for a child in the first year of life (as opposed to offering birthing classes). While they described parents helping each other out in their community, relative to other groups they seemed to rely on friends and neighbors for social activities rather than help with parenting concerns per se.

CRAIG

Characteristics of focus group participants: Mixed Rural, English speaking, 91.8% Female, 100% White

In this focus group, parents highlighted the strengths of their community as high quality health and dental services, some good programs for children like summer camps, of which they would like to have more. The Visiting Nurse Association was viewed as a particularly valuable community organization, offering a variety of services such as medical care, WIC, and parent education. Parents in this community felt that in general their community had a good small-town positive attitude toward helping. Parents identified the need for affordable child care and preschool programs and activities for children under 5 years old. Parents also discussed the high level of stress in their community related to threatened unemployment which impacts their willingness and ability to help one another. Nearly everyone reported working for the coal mines, or being dependent on the coal mines in some way for their income. Several mines have closed in recent years and the remaining ones are under threat of shutting down. Geography and bad weather was also mentioned as barriers to informal helping and accessing services in this community.

DENVER

Characteristics of focus group participants: Urban, English speaking, 80% Female, 100% African American

Parents in this group identified several valuable programs in their community that collectively offer a wide range of services. While parents in other communities emphasized the lack of child care and activities for children of certain ages, this was not raised as an issue in this particular group. Furthermore, parents talked extensively about how parents provide informal support to one another. However, the barriers to service access suggested by the participants were no different than those identified in other communities. Parents in this group did not react as favorably as parents in other groups towards the possible innovations that were suggested (e.g., formal referral network and Parent Cafés). When presented with the idea about information sharing, the majority of parents were concerned about confidentiality and how the information would be used. In regards to the Parent Cafés, half of the group emphasized the need for it to be professionally-led and several participants did not think parents would consistently attend.

DURANGO

Characteristics of focus group participants: Mixed Rural, English/Spanish speaking, 93.3% Female, 20% White, 80% Latino/a

The major themes in this group were the need for more supports and resources for children under age 5, particularly childcare, as well as a desire for more opportunities for parents to come together and build relationships. Many parents also expressed a desire for more parenting classes and supports for children to be offered in Spanish. In many instances the participants, which were mixed English and Spanish speakers, noted how few programs were offered in Spanish. Overall parents in this group seemed relatively unaware of services in their community and many shared resources and referrals with one another over the course of the focus group. Parents talked a lot about the challenges of working and raising young children, but did not emphasize the lack of employment or financial challenges the way that participants in the other groups often did.

FORT COLLINS

Characteristics of focus group participants: Mixed Rural, Spanish speaking, 91.7%% Female, 100% Latino/a

Parents in this group discussed a variety of formal services available in their community offered through libraries, schools, community organizations, and churches. A large part of the discussion was focused on services that improve parenting knowledge and skills and provide basic health care. Parents were able to offer numerous examples of informal support and did not identify any major barriers to helping each other out. Parents in this group appeared very interested in the Parent Cafes and had a favorable attitude towards the information sharing idea. The most frequently mentioned needs in this community were more child care options and affordable activities for children.

WRAY

Characteristics of focus group participants: Rural, English speaking, 56.7% Female, 91.7% White, 8.3% Latino/a

This group often emphasized the benefits of their small town, tightly knit community. They talked a lot about how they put a high value on self-sufficiency, but also helping out neighbors and friends. Parents felt that the services that were available in their community were helpful and talked at length about the various services offered by Baby Bear Hugs. However, parents noted the community was particularly lacking in specialty care for their children. For example, there was no local pediatrician and parents provided examples of challenges accessing therapeutic services for themselves or their children. Childcare was again a strong theme in the group and there seemed to be few childcare options, even when compared to other rural communities.

CONCLUSION

Overall the strengths highlighted during the focus groups, both in terms of formal and informal services outweighed the barriers and gaps. However, each community varied in terms of the challenges they faced and the barriers they saw to improving formal and informal supports. These unique challenges suggest the need for various approaches to improving services statewide. Although parents across all of the focus groups stressed the importance of medical and dental services, parenting classes, home visiting, and activities for children, communities are uneven in their capacity to provide these valued services to all families seeking them or in need of them. Rural residents struggle the most to access affordable childcare, pediatric healthcare and other specialized services for children as a result of a limited number of providers as well as sufficient transportation services. Novel approaches to improving resource sharing and accessing these services in smaller, or more isolated communities, are needed.

Given their universal appeal, libraries may offer a particularly promising, well-regarded place in which to expand services and supports for a broad variety of parents. Although other services, like parenting classes and children's activities were frequently mentioned, libraries had near-universal positive regard even among parents who did not access many other services.

Participants thought that their neighbors were willing to help out, particularly in a pinch, even if they had few resources themselves. Parents regularly reported helping each other with childcare, advice and practical items like children's clothing; but some community characteristics, particularly crime, language barriers, and transience limited the scope of intensity of informal helping networks. Efforts to implement and sustain strong informal networks within a community should be crafted with these unique community challenges in mind. In addition to these structural issues, other challenges to fostering informal support systems surfaced were universally raised. For example, parents were

concerned about passing judgment on others and being judged themselves, normative attitudes which can pose barriers to building a sense of collective responsibility and trust among communities.

Although the idea of improving access to services through some type of formal service referral system was attractive to some parents, many worried about confidentiality and their referral "slipping through the cracks". Parents may be open to this idea of more systematic assessments of needs and centralized referral systems, but will likely need reassurances and a sense of control over the process and what information will be shared about them and their families with multiple providers. In advocating for such systems, state leadership will need to present the public with a clear understand of its value and operational guidelines.

Parents were not sure about how to, or if they wanted to, take more of a leadership role in their communities. They liked having their opinions solicited, as in this focus group. However, they also wanted and appreciated the leadership provided by professionals as facilitators and purveyors of accurate parenting information. Parents found service providers to be genuine, caring, and helpful. The possibility of meeting more informally with other parents in parent cafés or other formats were generally well-received, but participants worried about consistent attendance and leadership. On the other hand, some parents reacted positively to the idea of opportunities to participate in services inconsistently, or as they wished rather than long-term sustained participation. This may suggest the need for a continuum of opportunities that range from occasional parenting nights or activities to more long term groups and supports.

Although this report provides useful insights from the perspective of a diverse group of parents, it is also limited by the methods used to collect the data. For example, parents were recruited by service providers and therefore parents that are less connected to community services may not be well-represented. Likely parents also reflected the networks of the individual service providers. Also, the focus groups were purposively selected to maximize the representation from the distinct geographic areas of the state and include representation from English and Spanish speakers as well as mothers and fathers. Therefore, the majority of the parents were from rural or mixed rural areas, which may over-represent the perspectives of these parents in particular. The definitions of these different county types are provided in the Appendix C.

APPENDIX A. PARENT SURVEY

Parent and Community Asset Survey

The Colorado Office of Early Childhood is conducting a brief survey of parents in your area to identify which resources and supports are available to help parents care for their children. Before you begin the survey, please read the following description. It explains what we will be asking and how we will use the information you provide us. At the end of the description, you will be asked to check the box that tells us whether you are accepting or declining to participate. If you choose to participate in this study, you will continue to the survey.

Purpose: Raising children can be tough and we are interested in learning about how you are able to do your tough job as a parent. We are gathering information about what is most valuable to you as a parent in meeting the needs of your children and how you use these resources. Specifically, we are interested in learning about the resources available in your community to help you, which of these resources you have used and why you think your community is a good place to raise children. We also are interested in understanding how family members help each other out in caring for their children and concerns you might have about being able to meet all of your children's needs. The survey is anonymous and no identifying information is being collected. However, you will be asked to provide some general demographic information (e.g., age, education level, race/ethnicity) so that we can accurately describe the group of parents who complete the survey.

The information you provide will help the Colorado Office of Early Childhood build stronger communities and better connect parents to the resources they need. Completion of this survey will take approximately 15 to 20 minutes.

Risks: There are no known risks involved in completing the survey. However, if you feel uncomfortable with a question, you can skip to the next question or stop your participation altogether.

Benefits: There are no direct benefits to you for participating in this study. However your participation will help the Colorado Office of Early Childhood better understand the resources and supports most valued by parents in your state.

Confidentiality: No individual surveys will be provided to the Colorado Office of Early Childhood. The survey results will be compiled and a report will be sent to the Colorado Office of Early Childhood that

will summarize the findings across all surveys, combining your answers with the answers of everyone else who participates. All of your answers will be kept confidential and individual surveys will be destroyed after the results have been compiled.

I understand the survey's purpose and how my answers will be used.

Yes___ No___

I agree to participate in this survey.

Yes, I agree to participate___ No, I decline to participate___

Parent and Community Asset Survey

Community Supports

We are interested in learning more about how the supports and resources parents often find in the communities in which they live can help them care for their children. These first few questions ask about the resources available in your community.

1. Communities often have organizations that support families. Please indicate if you are familiar with and if you have used the following organizations or institutions in your community. (Please circle all that apply)

	Are you familiar with the organization?		**Have you used the organization?**	
	YES	NO	YES	NO
Religious or faith organizations				
Hospital/urgent care clinics				
Primary care doctors or pediatricians				
Neighborhood watch organization or resident, tenant or homeowner's association				
Parent organizations that work with schools like the Parent Teacher Association (PTA) or school improvement councils				
Sport or recreational programs for children and youth (e.g., Little League, scouting, music/dance programs)				
Programs for pre-school children (2-4 years of age)				
Center-based child care				
Libraries				
Parenting education/support programs				
Home visiting programs				
Family Resource Centers				
Respite or emergency care for young children				

2. Please indicate the extent to which you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I can generally get to where I need to go in my community.					
I feel safe in my neighborhood.					
My community is overall a clean, well-kept community.					
People generally can find work in or near my community.					
I can find help with childcare in my community when I need it.					
I am very satisfied with my neighborhood as a place to live.					
My community has educational opportunities for children.					

3. People have different ways of describing their community. How well do the following statements describe people in your community?[5]

	Not at all	Some what	Mostly	All of the time	Don't know
If I had an emergency, even people I do not know in this community would be willing to help.					
People here know they can get help from the community if they are in trouble.					
People can depend on each other in this community.					
My friends in this community are a part of my everyday activities.					
Living in this community gives me a secure feeling.					
This is a very good community to bring up children.					

4. From time to time, people in communities often offer help to each other to deal with simple issues around parenting. In the past 30 days, have you helped a neighbor or friend by:

[5] Questions 2 and 3 adapted from the American Family Assets Study (Search Institute)

	No	Once	More than Once
Taking care of their child(ren) on a regular (e.g. weekly or daily) basis?			
Taking care of their child(ren) when something is unexpected?			
Running an errand for them, helping them shop, giving them a ride somewhere, or helping them around the house with a chore/repair?			
Lending them things like money, tools, food, or clothing?			
Giving them some advice or information about raising child(ren)?			

5. Now thinking about this in terms of help you might have needed, in the past 30 days, have you asked a neighbor or friend to:

	No	Once	More than Once
Look after your child(ren) on a regular basis (e.g. weekly or daily)?			
Look after your child(ren) when something unexpected happened?			
Run an errand for you, help you with shopping, give you a ride somewhere, or help you around the house with a chore or repair?			
Lend you things like money, tools, food, or clothing?			
Give you some advice or information about raising your child(ren)?			

Family Supports

Thinking about your own family, the next few questions ask about how families can help each other support and care for their children.

6. Many families have a number of strengths as well as challenges. From the statements listed below, please indicate how well each characteristic describes your family.

	Rarely	On occasion	Most of the time
In my family, we talk about problems.			

In my family, we take time to listen to each other.			
My family pulls together when things are stressful.			
My family is able to solve our problems.			
My family can consistently meet our basic material needs (e.g., food, clothing and shelter).			
My family enjoys spending time together.			
Members of my family are emotionally and physically healthy.			
My family is able to find resources in the community when we need them.			

7. Raising children can be challenging. Please indicate how often each statement applies to you in thinking about the relationship **with your youngest child living in your home.**[6]

	Rarely	**On occasion**	**Most of the time**
I know how to help my child.			
I believe my child misbehaves just to upset me.			
I praise my child when he/she behaves well.			
When I discipline my child, I lose control.			
I am happy being with my child.			
My child and I are very close to each other.			
I am able to soothe my child when he/she is upset.			
I spend time with my child doing what he/she likes to do.			
I know what to expect from my child as he/she grows and develops.			

General Description

This final set of questions will help us understand a bit more about you.

8. In what year were you born? _____

9. Please specify your gender: Male ____ Female____

10. Which Ethnicity/Race best describes you? (please select all that apply)

[6] Questions 6 and 7 revised from the Protective Factors Survey, http://friendsnrc.org/jdownloads/attachments/pfs_revised_2012.pdf.

____African American or Black
____American Indian/Alaska Native
____Asian American
____Hispanic or Latino American
____Caucasian/White
____Other: _____

11. What is your highest level of education?
____Less than high school
____High school graduate/GED
____Some college/post-secondary school/ Technical School
____College graduate
____Graduate Degree(s)

12. What is your estimated Household Income?
____Under $10,000
____$10,000 to $29,999
____$30,000 to $49,999
____$50,000 to $74,999
____$75,000 or over

13. How many children under age 18 are currently living with you? _____

14. What is the age of the youngest child currently living at home? _____

15. Do you share caregiving responsibilities for your child(ren) with another adult on a regular basis?
____ Yes
____ No

16. Have you, or other adults who share caregiving responsibilities for your child(ren), ever served in the U.S. military?
____ Yes
____ No

17. Please list the ZIP Code in which you live: _____

Thank you so much for your time.

APPENDIX B: FOCUS GROUP GUIDE

Child maltreatment Prevention Planning: Parent Focus Groups		
Internal goals to be covered in focus groups: (a) identify what parents see as most valuable in meeting the needs of their children and how they use these resources; (b) comment on 4-6 "high value" innovations identified by the state planning team or state leaders to determine parent interest in the ideas, their likelihood to use them, any barriers they perceive in accessing them, and their potential impact; and (c) testing the prevention values or "pillars" outlined in the draft plan to see if some of these concepts resonant with families.		
INTRODUCTION		
Introduction	Hi. I appreciate all of you taking the time to talk with me today. My name is _____. We are interested in learning more about the supports and resources available to you in your community and how these resources help you to care for your children or help you to be a better parent. I'm excited to hear your thoughts on this topic. Please feel free to share your thoughts even if you think they are different from what others might say. We want to hear lots of different ideas. Today I have _____ with me. He/she will be taking notes and helping to make sure we don't miss any of the important things that you say. As I mentioned in obtaining your consent I am tape recording our discussion because we don't want to miss any of your comments.	
Domain of Interest	**Primary Question**	**Suggested Follow-Up Questions**

Community Resources and Supports		
1. *Community Formal Support*	***Comment:*** I would like to start off by talking about what you see as valuable supports in meeting the needs of your children. I want to ask you about the resources available in the community in which you live and how these are used. ***Questions:*** What do you see as the most valuable organizations, services, or programs in your community that support your efforts in raising your children?	A. How often do you use these resources? B. How have they been helpful to you? C. Have you recommended any of these resources to others in your community?
2. *Community Informal Support*	***Comment:*** From time to time, people in communities need to give and receive help in order to deal with simple issues around parenting. ***Question:*** Are individuals in this community generally willing to help others that are in need? What are your personal experiences with this?	A. How often and in what ways have you helped neighbors or community members with simple issues around parenting [watching someone's child, lending items, helping with errands, giving advice]? B. Are there any reasons one might not offer help to a neighbor or someone in the community? C. Have you ever called on a neighbor or community member when you needed help in your community? If so, in what ways? D. Are there any reasons you might not ask for help from a neighbor?

Possible Innovations		
3. *Community Innovations*	***Comment:*** We would like to get your thoughts on new ideas about supports for parents. I am going to tell you about a couple of these, and I would like to get your reaction to each one. First….: 1. The state is thinking about creating a new information sharing system for service providers to help them get the right kind of services to the right families. For example, a family might be referred to child welfare for services, but they may not need that type of service. So, child welfare may share information about that family with a Family Resource Center or home visiting program or somewhere else. 2. Another new idea for a service is the "Parent Café". In this model, parents meet together in small groups, maybe once a month or every other week. One parent "hosts" the group and provides a little bit of information on a specific topic, like discipline, or picky eaters, and then the rest of the time is more informal discussion. 3. Do you all have ideas about how parents might take more of a leadership role in services? 4. Any other new ideas about what services you would want or need in your community.	A. For each issue ask: • What do you think of the idea? • How likely would you be to use this resource or recommend it to others? • What barriers do you see in using this resource? • What do you see as the most positive aspect of this idea? • What concerns do you have about this resource? • Do you have any ideas about how we could improve on this idea?

	Question: What are your initial thoughts on each of these ideas?	
Characteristics of Prevention Plans/Core Values of Practice		
4. *Family and Participant Voice*	***Comment:*** All of us have to get help sometimes. We are interested in how programs can make families feel more welcomed and involved when they seek out support. ***Questions:*** Who can tell me about a time when they had a really good experience getting help from a program or service in the community in which you live? During that process, did the service provider ask your opinion about what specific help you would get or what you wanted from the program?	A. How important is it for you to be able make decisions about what services you will receive and the issues you work on? B. When you think about the people that helped you, what were some of their qualities that contributed to your having a positive experience? What types of people do you think are most effective at offering help to families like yours?

OTHER THOUGHTS		
5. Other Thoughts	*Comment:* We have talked a lot about communities and parenting today but I am sure there are topics I did not cover. *Question:* Is there anything else that that you would like to mention today?	
CONCLUSION OF FOCUS GROUP		
Conclusion	**[When a student is taking notes, I will say this.]** Because I want to ensure that we capture everything you said, I would like to ask _____ if there are any topics that we need to follow-up on before we conclude the focus group. *[_____: probe for further clarification on points that were unclear or need follow-up]*. That brings us to the end of our time together. I want to thank you for your time. We'll be looking at the information you and others have given us and utilizing it to develop a plan to improve supports and resources for families in your state. **Thank you again for making time for this today! Your voice is important!**	

APPENDIX C. DEFINITIONS OF RURAL AND URBAN DESIGNATIONS

An approach known as the "Isserman method" was used to categorize counties into one of four types: rural, mixed rural, mixed urban or urban.

Colorado has a total of 64 counties. Forty-two of them are designated as rural, 15 are mixed rural, four are urban, and three are mixed urban. The definitions for each type are as follows:

1. **Rural**: the population density is less than 500 people per square mile and 90 percent of population lives in rural areas or the county has no urban area of 10,000 or more.

2. **Urban**: the population density is at least 500 people per square mile, 90 percent of population lives in urban areas and the urbanized areas include at least 50,000 people or 90 percent of the county's population.

3. **Mixed rural**: this type meets neither rural nor urban criteria and has a population density of fewer than 320 people per square mile;

4. **Mixed urban**: this type meets neither rural nor urban criteria and has a population density of at least 320 people per square mile.

Reference:

Isserman, A. M. (2005). In the national interest: Defining rural and urban correctly in public policy. International Regional Science Review, 28(4), 465-499.