

Paternity Establishment: Hospital Survey



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INTRODUCTION

Background

In the summer of 2005, the Office of Recovery Services received funding for an 1115 demonstration grant with the stated purpose: “to facilitate an effective paternity establishment program in collaboration between the Office of Recovery Services, Child Support Services (ORS/CRS) and the Office Vital Records and Statistics (OVR), Department of Health” (90FD0104 Grant Application).

There were two proposed phases for accomplishing this goal. The first involved adaptation of current technology (PATER Registry) and the second involved the coordination of community outreach materials and services (Paternity Matters Project). Both areas have significant impact on the paternity establishment percentage (PEP), the increasing of which is an anticipated outcome through the successful completion of the 1115 demonstration grant.

Paternity Establishment Survey

In determining the first steps for meeting the grant goals, members of ORS leadership discussed how to best understand the current issues and experiences of front-line workers whose daily work activity includes gathering paternity information. These workers are critical to the paternity establishment process as they engage directly with single parents making this important decision.

To this end, it was decided that a survey of front-line workers, primarily birth clerks, would be the most effective and efficient method for gathering this valuable experience.

METHOD

The protocol for this study was developed by ORS leadership and approved by both the Institutional Review board of the Department of Human Services and the University of Utah.

Respondents

Participants in the study were selected based on their role within a Utah hospital or birthing facility. Each had, as at least one of their work responsibilities, the task of assisting in the education of parents about the paternity establishment process and options. The names and e-mail addresses of potential participants were received from the Office of Vital Records and Statistics.

There were potential 79 respondents, from 42 facilities who were contacted regarding participation in the study. A total of 43 responses (representing 32 facilities) resulted in a 54% response rate. Table 1 indicates the sites which were invited to participate and if data were gathered

from each site. One additional site, Southwest Utah Public Health Department, was not sent a formal invitation to participate but one representative did complete the survey

Table 1: Survey Participants

Invited sites		
Participated	Allen Memorial Hospital Alta View Hospital American Fork Hospital Ashley Valley Medical Center Bear River Valley Hospital Beaver Valley Hospital Brigham City Community Hospital Central Valley Medical Center Cottonwood Hospital Medical Center Davis Hospital and Medical Center Delta Community Medical Center Dixie Regional Medical Center Garfield Memorial Hospital Gunnison Valley Hospital Heber Valley Medical Center Jordan Valley Hospital	Kane County Hospital LDS Hospital Logan Regional Hospital McKay Dee Hospital Mountain View Hospital Mountain West Medical Center Ogden Regional Medical Center Orem Community Hospital Salt Lake Regional Medical Center San Juan Hospital Sanpete Valley Hospital Sevier Valley Hospital Timpanogos Regional Hospital University of Utah Hospital Valley View Medical Center
Did not participate	Birth and Family Place Blanding Birth & Medical Center Castleview Hospital Fillmore Community Medical Center Hildale Maternity Home Lakeview Hospital	Milford Valley Memorial Hospital Pioneer Valley Hospital St. Marks Hospital Uintah Basin Medical Center Utah Valley Regional Medical Center
Not invited but participated	Southwest Utah Public Health Department	

Data Collection

The potential 79 respondents were invited to participate in the study through an e-mail which was sent from the Paternity Matters Project Coordinator at ORS to the participants' work e-mail addresses on December 8, 2005. The invitation for participation explained the purpose of the survey and clearly indicated participation was voluntary. Respondents were given approximately two weeks to complete the online survey. Two reminders were sent through the course of the survey. Implied consent was assumed when participants chose to access and complete the survey.

The survey data were gathered through the use of an online survey tool called “SurveyMonkey.©” Using the access account established through the Social Research Institute at the University of Utah’s College of Social Work, data were collected and analyzed by researchers from the Social Research Institute.

FINDINGS

The findings from this study reflect the characteristics and attitudes of paternity establishment workers throughout the state of Utah. Analysis of the data was primarily completed using the Statistical Package for the Social Sciences (SPSS).

Where possible results will be analyzed between groups such as by rural / urban status. While no formal criteria were applied, communities were grouped according to small and large population levels. Another division involves comparing “target” facilities. “Target” facilities include those with more than 200 births to unwed parents in 2005. These facilities will be receiving additional focus in future grant activities. Eleven of the fourteen target facilities are represented in the sample.

Table 2: Study Sample

	Location type			ORS designation			Responses per location		
	Urban	Rural	Unknown	Target	Non-target	Unknown	One	Two	Three
All Responses (N = 43)	24 (57%)	17 (40%)	2 (5%)	14 (33%)	27 (63%)	2 (5%)			
By Location (N = 32)	18 (56%)	14 (44%)		11 (34%)	21 (66%)		23 (72%)	8 (6%)	1 (3%)

As can be seen in Table 2 above, the distribution of urban/rural and the target/non-target responses is similar to the sample to whom the survey was sent. When reporting results relative to worker attitudes, all respondent results will be included. When reporting data relative to specific locations, consistency between respondents from the same location will be attained and the results will be presented by location.

Demographics

As displayed in Table 3 below, there was a good deal of diversity in the sample. The one area where there was almost no diversity was in the racial/ethnic make-up of the sample. Only one respondent self-identified as Hispanic, all others indicated they were White.

There were also no significant differences in any other the demographic information when reviewing the type of location or target status.

Table 3: Demographics

Characteristic	Sample N = 43
Age (years)	
Under 20	1 (2.3%)
21 to 30	11 (25.6%)
31 to 40	6 (14%)
41 to 50	15 (34.9%)
51 to 60	7 (16.3%)
61 to 70	3 (7.0%)
Education Level	
High School Diploma	5 (11.6%)
Certificate Program	8 (18.6%)
Some College	16 (37.2%)
Associates Degree	9 (20.9%)
Bachelors Degree	3 (7.0%)
Other**	4 (4.7%)
Current Position	
Birth Clerk	33 (76.7%)
Back-up staff to birth clerk	6 (14%)
Other	4 (9.3%)
Time in Current Position - Any location	
0 - 5 months	2 (4.7%)
6 months to 1 year	1 (2.3%)
1+ years to 2 years	5 (11.6%)
2+ years to 5 years	12 (27.9%)
5+ years to 10 years	13 (30.2%)
More than 10 years	10 (23.3%)
Time in Current Position - current location	
0 - 5 months	3 (7.0%)
6 months to 1 year	3 (7.0%)
1+ years to 2 years	3 (7.0%)
2+ years to 5 years	13 (30.2%)
5+ years to 10 years	11 (25.6%)
More than 10 years	10 (23.3%)

** - The “other” responses, when provided, are listed with Qualitative responses reported as submitted on pages 17 - 24.

Facility Coverage

Personnel coverage available for completing a Voluntary Declaration of Paternity (VDP) is reported in Table 4. All respondents indicated coverage during the regular business hours of 8 to 5, Monday through Friday. After that, coverage declines dramatically. Less than a third of respondents reported coverage during daytime hours on Saturdays, Sundays, and holidays. The data also show that this lack of coverage is a significantly greater problem in the rural areas.

Table 4: Staffing coverage for completion of VDP

	Daytime (8am - 5 pm)			Evenings (5 pm - 12am)			Nights (12pm - 8 am)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Mon. - Fri.	23	17	42	5	3	8	3	1	4
Saturday	10	3	13	5	3	8	2	1	3
Sunday	6	3	9	6	3	9	2	1	3
Holiday	9	2	11	3	1	4	2	1	3

Current Resources

Respondents were asked to evaluate the three primary resources available to those assisting parents in making the decision to complete a VDP. These resources include the recorded oral presentation, the “Voluntary Declaration of Paternity” pamphlet, and the “Power of Two” video.

Recorded Oral Presentation: An oral explanation of the VDP process is provided in the form of a recorded message which can be accessed free of charge. Respondents were asked to evaluate several aspects of the message and its effectiveness in providing information to parents (See Table 5 below).

Overall, respondents' opinions of this resource were either neutral or positive. When comparing differences between target and non-target facilities, there were significant differences found in responses to five of the eleven questions. These included: “Answers parents questions about VDP process,” “Explain the benefits of paternity establishment,” “Explains alternate methods for establishing paternity,” “Explains the legal consequences of signing the VDP,” and “Provides other references if parents want more information.” In all five cases, respondents from the target locations had more positive than neutral responses to each particular statement.

When asked to provide additional comments thirteen respondents shared additional opinions. Some respondents indicated they have never listened to the message themselves. This could certainly have contributed to the large number of “neutral” responses. Others indicated they use the pamphlet or video more and are unfamiliar with the phone recordings. For some, the recording provided a helpful option if a parent did not speak English or if the literacy level of a parent was questionable. The one person who actually commented on the *content* of the recording reported it to be monotone, but informative.

Table 5: Recorded Oral Presentation

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Response Total
Language is easy for Parents to understand	0 (0%)	1 (3%)	13 (37%)	20 (57%)	1 (3%)	35
Recorded message is appealing	0 (0%)	1 (3%)	20 (57%)	13 (37%)	1 (3%)	35
Answers parents questions about VDP process*	0 (0%)	0 (0%)	14 (40%)	20 (57%)	1 (3%)	35
Explain the benefits of paternity establishment*	0 (0%)	0 (0%)	11 (31%)	23 (66%)	1 (3%)	35
Explains alternate methods for establishing paternity*	0 (0%)	0 (0%)	14 (40%)	20 (57%)	1 (3%)	35
Explains the legal consequences of signing the VDP*	0 (0%)	0 (0%)	13 (39%)	19 (58%)	1 (3%)	33
Provides the monetary costs of using VDP to establish paternity	0 (0%)	2 (6%)	18 (53%)	14 (41%)	0 (0%)	34
Parents seem to like this presentation	0 (0%)	2 (6%)	25 (71%)	8 (23%)	0 (0%)	35
Parents listen to the entire presentation	0 (0%)	1 (3%)	24 (69%)	9 (26%)	1 (3%)	35
Parents are more likely to sign VDP after listening to this presentation	0 (0%)	0 (0%)	24 (71%)	9 (26%)	1 (3%)	34
Provides other references if parents want more information*	0 (0%)	0 (0%)	12 (36%)	20 (61%)	1 (3%)	33

* - Indicates significant differences in responses from target and non-target sites

“*Voluntary Declaration of Paternity in Utah*” Pamphlet: A written explanation of the VDP process is provided in the form of a pamphlet. Respondents were asked to evaluate the pamphlet in regards to readability, completeness of information, etc. (See Table 6 below) Most opinions regarding this resource were again, either neutral or positive. Respondents rated the pamphlet more positively than the recording as can be seen in the number of “strongly agree” responses. The question with the most negative responses (6) asked about whether parents read the *entire* pamphlet. There were no significant differences between the target and non-target group respondents on any of the individual questions.

There were nine respondents who shared additional comments regarding the pamphlet. A positive attitude toward the pamphlet seemed to be associated with how involved the individual birth clerk was in the education process. As one person said, “I really like the 5 main reasons why parents should establish paternity right inside the front cover. I refer to this list every time I educate parents about VDP and appreciate it being easy to find and show.” This respondent is actively involved in educating the parents, not simply handing the parents something and walking away. Some seem to

want the pamphlet to be able to answer *all* questions regarding paternity establishment, when perhaps the tool was designed to supplement the education process used by the birth clerk or other professional assisting in paternity establishment.

Table 6: “Voluntary Declaration of Paternity in Utah” Pamphlet

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree	Response Total
Text is easy for parents to understand	0 (0%)	0 (0%)	3 (8%)	32 (84%)	3 (8%)	38
Pamphlet is visually appealing	0 (0%)	1 (3%)	9 (24%)	24 (63%)	4 (11%)	38
Answers parents questions about VDP process	0 (0%)	0 (0%)	2 (6%)	30 (83%)	4 (11%)	36
Explains the benefits of paternity establishment	0 (0%)	0 (0%)	1 (3%)	32 (84%)	5 (13%)	38
Explains alternate methods for establishing paternity	0 (0%)	1 (3%)	4 (11%)	29 (76%)	4 (11%)	38
Explains the legal consequences of signing VDP	0 (0%)	1 (3%)	4 (11%)	28 (74%)	5 (13%)	38
Provides the monetary costs of using VDP to establish paternity	0 (0%)	2 (5%)	12 (32%)	20 (54%)	3 (8%)	37
Parents seem to like this pamphlet	0 (0%)	2 (5%)	19 (50%)	15 (39%)	2 (5%)	38
Parents read entire pamphlet	0 (0%)	6 (16%)	20 (54%)	9 (24%)	2 (5%)	37
Parents are more likely sign VDP after reading this pamphlet	0 (0%)	1 (3%)	21 (51%)	14 (37%)	2 (5%)	38
Provides other references if parents want more information	0 (0%)	0 (0%)	10 (27%)	23 (62%)	4 (11%)	37

“The Power of Two” Video: This video presents parents with information in a visual format, explaining the importance of, and options for, paternity establishment. Respondents were asked to rate this resource in similar areas as addressed for the other two resources. (See Table 7 for results.) Again, the overall responses were primarily in the neutral to positive range, with responses being more similar to those given for the pamphlet verses the oral recording. While most of the responses did not vary between the target and non-target groups, respondents from the non-target hospitals were more likely to indicate that parents viewed the entire video.

As with the oral recording, the open-ended question regarding the video revealed that some birth clerks had not viewed the video, even if they regularly provide this resource to parents. Others found the video more difficult to use as additional equipment was needed to provide this resource. Providing parents with a pamphlet and/or phone number for the oral recording was certainly the easiest method of providing information and required the least amount of time and effort.

Table 7: “The Power of Two” Video

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree	Response Total
Language is easy for parents to understand	0 (0%)	1 (3%)	7 (20%)	22 (63%)	5 (14%)	35
Video is visually appealing	0 (0%)	2 (6%)	10 (29%)	19 (54%)	4 (11%)	35
Answers parents questions about VDP process	0 (0%)	1 (3%)	10 (29%)	19 (54%)	5 (14%)	35
Explains the benefits of paternity establishment	0 (0%)	1 (3%)	7 (20%)	23 (66%)	4 (11%)	35
Explains alternate methods for establishing paternity	0 (0%)	1 (3%)	9 (26%)	21 (60%)	4 (11%)	35
Explains the legal consequences of signing the VDP	0 (0%)	1 (3%)	10 (29%)	20 (57%)	4 (11%)	35
Provides the monetary costs of using VDP to establish paternity	0 (0%)	1 (3%)	14(41%)	16 (47%)	3 (9%)	34
Parents seem to like this video	0 (0%)	1 (3%)	13 (37%)	16 (46%)	5 (14%)	35
Parents watch entire video	0 (0%)	1 (3%)	16 (46%)	14 (40%)	4 (11%)	35
Parents are more likely to sign VDP after viewing this video	0 (0%)	1 (3%)	17 (49%)	14 (40%)	3 (9%)	35
Provides other references if parents want more information	0 (0%)	1 (3%)	11 (32%)	19 (56%)	3 (9%)	34

Currently, “The Power of Two” is provided only in VHS format. There was interest in learning if hospitals had the capacity to provide this resource in any other format. Respondents were asked to indicate their capacity to present “The Power of Two” in DVD, VHS and streaming video from a web site. Results were tabulated by site so as to eliminate overlap by location.

Of the 32 sites from which responses were received, only two indicated the capacity for streaming video. Both these sites were non-target locations. There were 16 sites which indicated a capacity to provide the resource through a DVD format. Only two of the 16 sites were target sites. VHS was indicated to be available at 21 of the 32 sites. Seven of these sites were target sites and 15 were not. It was interesting to note that at five sites, none of the three methods were reported to be available to show “The Power of Two.” Four of the five sites were target sites.

Another area of interest relative to information resources was access to parent education through television. There were ten sights with access to the Baby Channel, three sites with other parent education channels fed in from the outside and three sites administered internally. All hospitals with outside feeds were non-target sites, all with internally administered channels were within target hospitals.

Table 8: Electronic resources for the presentation of education materials

Resources	Power of Two - electronic means			Parent Education Channel		
	DVD	VHS	Streaming	Baby Channel	Parent ed. Outside	Parent ed. Inside
Allen Memorial	✓					
Alta View - T						
American Fork		✓		✓		
Ashley Valley Med. Cnt.	✓	✓			✓	
Bear River Valley	✓	✓	✓		✓	
Beaver Valley	✓	✓				
Brigham City Com.	✓	✓				
Central Valley Med. Cnt.						
Cottonwood - T				✓		
Davis - T		✓				
Delta Com. Med. Cnt.		✓		✓		
Dixie Reg. Med. Cnt. - T		✓		✓		
Garfield Memorial	✓	✓		✓	✓	
Gunnison Valley	✓	✓				
Heber Valley Med. Cnt.	✓	✓	✓			
Jordan Valley - T		✓		✓		
Kane County		✓				
LDS - T				✓		✓
Logan Regional - T	✓	✓				
McKay Dee - T		✓				✓
Mountain View	✓					
Mountain West Med. Cnt.	✓	✓				
Ogden Reg. Med. - T	✓					
Orem Community						
Salt Lake Reg. - T	✓	✓		✓		✓
San Juan		✓				
Sanpete Valley	✓					
Sevier Valley		✓	✓			
Southwest UT Pub. Health		✓				
Timpanogos Regional	✓					
University of Utah - T		✓		✓		
Valley View Med. Cnt.	✓			✓		

In addition to attitudes towards the various resources, respondents were asked to indicate under what circumstances they tended to use each of the resources. The results in Table 9 below note that the pamphlet is the most commonly used tool. It was often used in conjunction with the video and the oral recording. Almost one-fifth of respondents indicated they had access to the oral recording and video but never use it as an educational tool. No respondents indicated that they did not have access to the pamphlets and video even though, as mentioned earlier, respondents from five sites indicate they have no means of showing the video.

Table 9: Use of Educational Tools

	Tool Free Phone Message	“The Power of Two” video	“VDP” Pamphlet
Anytime the mother indicates she is not married to the father	14 (45%)	16 (43%)	31 (82%)
Only if VDP is specifically requested by parents	12 (39%)	16 (43%)	12 (32%)
I have this tool available but never use it	5 (16%)	7 (19%)	0 (0%)
I do not have this tool available	0 (0%)	0 (0%)	0 (0%)
I have never heard of this tool	1 (3%)	0 (0%)	0 (0%)
Respondent total	31	37	38

Attitudes toward the Voluntary Declaration of Paternity

In addition to evaluating the use of education resources, respondents were asked to reflect on and indicate their level of agreement with statements about the VDP in general and the value it has to parents and children. (See Table 10 below.) Responses to these questions were much more diverse than the responses to questions regarding resources.

In reviewing these data, target and non-target groups are similar in most questions. Only differences in three questions (“I am comfortable answering parents’ questions about paternity,” “I provide a valuable service through my work with parents and the VDP,” and “Paternity establishment is important for the community”) were statistically significant. In all three cases the target sites were more positive than non-target sites. All answers in which the respondent marked “strongly disagree” were from non-target sites.

In general, respondents felt very comfortable answering parents’ questions about paternity and felt the services they provide are valuable. This is consistent with the responses reflecting that most respondents felt that paternity establishment is important for fathers, mothers and children. The perceived importance of paternity establishment to the community was not as strong. Respondents were less likely to believe all unwed parents or parents under 18 *should* sign a VDP. Various “individual circumstances” were noted as influencing this view. Respondents, in general, also felt appreciated by hospital administration, ORS and OVRS in their efforts to establish paternity.

Table 10: General attitudes toward the VDP

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Response Average
I am comfortable answering parents' questions about paternity*	1 (2%)	0 (0%)	5 (12%)	26 (65%)	8 (20%)	4.00
I provide a valuable service through my work with parents and the VDP.*	0 (0%)	1 (2%)	4 (10%)	24 (60%)	11 (28%)	4.13
All unwed parents should sign a VDP when the child is born.	3 (8%)	11 (28%)	12 (31%)	9 (23%)	4 (10%)	3.00
Parents under 18 years old should sign a VDP when the child is born.	2 (5%)	10 (25%)	16 (40%)	11 (28%)	1 (2%)	2.98
Paternity establishment is important for the father.	0 (0%)	0 (0%)	4 (10%)	27 (68%)	9 (22%)	4.13
Paternity establishment is important for the child.	0 (0%)	0 (0%)	5 (12%)	25 (62%)	10 (25%)	4.13
Paternity establishment is important for the community*.	1 (2%)	0 (0%)	17 (42%)	13 (32%)	9 (22%)	3.73
In general, my hospital's administration feels that paternity establishment is important.	0 (0%)	0 (0%)	16 (42%)	16 (42%)	6 (16%)	3.74
In general, my hospital's administration supports my efforts to help parents sign the VDP.	0 (0%)	0 (0%)	10 (26%)	22 (56%)	7 (18%)	3.92
My hospital's administration recognizes/appreciates my efforts to help parents sign the VDP.	1 (3%)	1 (3%)	14 (36%)	19 (49%)	4 (10%)	3.62
The Office of Recovery Services supports my efforts to help parents sign the VDP.	0 (0%)	0 (0%)	10 (25%)	21 (52%)	9 (22%)	3.98
The Office of Recovery Services recognizes/appreciates my efforts to help parents sign the VDP.	0 (0%)	1 (2%)	10 (25%)	20 (50%)	9 (22%)	3.93
The Office of Vital Records and Statistics supports my efforts to help parents sign the VDP.	0 (0%)	0 (0%)	3 (8%)	23 (58%)	14 (35%)	4.28
The Office of Vital Records and Statistics recognizes/appreciates my efforts to help parents sign the VDP.	0 (0%)	0 (0%)	2 (5%)	24 (62%)	13 (33%)	4.28

* - Indicates significant differences in responses from target and non-target sites

Challenges to obtaining a signed VDP

While respondents generally expressed support for the value of establishing paternity, their personal experiences reflect why this is sometimes difficult. Respondents were asked to evaluate eleven different reasons as to how often the particular issue prevents them from obtaining a VDP before the mother is released from the hospital. These results are reported in Table 11 below.

Four challenges, (“mother did not want to sign,” “Legal questions about the VDP,” “Concern about Immigration and Naturalization services obtaining the information,” “Unable to locate two witnesses not related by blood or marriage Almost never”) were most frequently viewed as almost never a challenge to securing the VDP.

Table 11: Challenges to obtaining a signed VDP

	Almost Never	Sometimes	About half the time	Often	Almost Always	Response Total
Mother did not want to sign	17 (45%)	16 (42%)	1 (3%)	1 (3%)	3 (8%)	38
Father did not want to sign	8 (21%)	21 (55%)	2 (5%)	4 (11%)	3 (8%)	38
Mother did not have photo identification	7 (18%)	19 (50%)	2 (5%)	10 (26%)	0 (0%)	38
Father did not have photo identification	6(16%)	22 (58%)	1 (3%)	8 (21%)	1 (3%)	38
Mother married to another man	14 (37%)	23 (61%)	0 (0%)	1 (3%)	0 (0%)	38
Mother cannot name biological father	14 (37%)	22 (58%)	2 (5%)	0 (0%)	0 (0%)	38
Mother does not want to name father	3 (8%)	25 (66%)	8 (21%)	2 (5%)	0 (0%)	38
Man is not sure he is biological father	10 (26%)	24 (63%)	3 (8%)	1 (3%)	0 (0%)	38
Legal questions about the VDP	18 (47%)	17 (45%)	2 (5%)	1 (3%)	0 (0%)	38
Concern about Immigration and Naturalization services obtaining the information	27 (71%)	9 (24%)	1 (3%)	1 (3%)	0 (0%)	38
Unable to locate two witnesses not related by blood or marriage	33 (87%)	2 (5%)	1 (3%)	1 (3%)	1 (3%)	38

All other responses were most often viewed as “sometimes” a challenge. While no reasons were consistently viewed as a common problem, those most frequently a problem more than ½ of the time included the father not wanting to sign, the mother not having photo id, and the mother not wanting to name the father.

In addition to this list of reasons, respondents were asked to share from their own experiences the most common issues which contribute to securing or not securing a VDP. Several additional reasons were mentioned here.

Regarding challenges, the problem of lack of staff coverage was reported by several respondents. Patients are released according to insurance time lines and doctors' orders and this frequently happens when there is no one available to obtain the VDP. Sometimes nurses interfere by inquiring about a patient's interest in paternity before the education portion is completed. Underage parents need parental signatures on the VDP and they may not be around when the worker is attempting to complete the VDP. Just finding the right time can be an issue. Child birth can be a very chaotic time and it is difficult to explain the process when there are many other things happening.

Factors which supported securing the VDP focused a great deal on access. Birth clerks must be notified that someone needs this service before they can even begin their efforts toward securing a VDP. While a couple of respondents seemed to feel that there was nothing they could do to increase successful paternity establishment rates as parents come in with their minds already made up, most respondents indicated that personal efforts and attention to the individual couples made a significant difference. Personal presence with the parents, answering questions, and fully explaining the process and implications increases the chances of securing a VDP. Similar thoughts were expressed when answering the open ended questions about the most successful "tools" or "tactics" for obtaining a VDP. Personal attention makes the difference.

Respondents who recognized the significance of their role in the process gave examples of how they use themselves as a tool. Some spoke of the value of the face-to-face meeting with the parents. One person's "tactic" was "getting to know the couple first especially the father who seems to be the most fearful." Another person said, "Taking that extra bit of time and assertiveness in seeking the unmarried couple." Attitude makes a difference. One respondent noted, "I have learned to begin with a statement such as 'Congratulations-you have such a beautiful new baby! I understand you and the baby's father are not married. Our hospital is required by law to offer you a VDP. May I explain what this is and how it can help you and the new baby?' Once educated, parents almost always want it, despite saying they didn't want one to a nurse before education."

Another significant tool is simply being able to answer the new parent's questions. Respondents indicated several frequently asked questions from parents. Generally, these questions focus on understanding the implications of signing a VDP, such as the impact of the VDP on the father's access to the child, the affect on the father's parental rights, child support and having the father's name on the birth certificate. Parents also asked about the cost of the process, and the difference between a VDP and genetic testing.

Contact with ORS

When asked about contact with ORS, almost half (48%) of respondents reported that they had contacted ORS at sometime in the past year. Only 12 (31%) respondents reported being contacted by ORS at all during the past year. There were no significant differences between target and non-target sites which is especially notable as target sites are all also urban sites and non-target sites are all also rural. Eleven of the 12 respondents were contacted by phone and one was contacted in person. (One "other" comment at the end of the survey noted we should have provided "e-mail" as a contact option.)

Table 12: Phone contact with ORS

	Responses N = 12
ORS employee set and appointment beforehand	0 (0%)
ORS employee had a specific topic to discuss	7 (64%)
ORS employee answered general questions about VDP form	3 (27%)
ORS employee answered general questions about the process of signing VDP	4 (36%)
ORS employee asked about my supply of VDP pamphlets	2 (18%)
ORS employee asked whether I have the VDP video	1 (9%)
ORS employee provided information about the Office of Recovery Services	1 (9%)
ORS employee provided information for additional questions	3 (27%)
ORS employee completed any follow-up actions promised	1 (9%)

Additional training

Respondents were asked to indicate what type of additional training might be helpful. The most frequently requested type of training was “Other methods of paternity establishment” (71%), and “Services offered by the Office of Recovery Services/Child Support Services,” (65%). While two respondents indicated they wanted “other” training, there was no mention of the type of training desired. There were no significant differences between target and non-target sites.

Table 13: Additional Training

	Responses N = 31
Overview of Voluntary Declaration of Paternity	11 (36%)
Answers to parents frequently asked questions about the VDP	12 (39%)
Other methods of paternity establishment	22 (71%)
Services offered by the Office of Recovery Services/Child Support Services	20 (65%)
Other	2 (7%)

Additional comments

Finally, respondents were asked to add any additional comments, questions or concerns about the VDP process. Again, the full list of comments can be viewed in the qualitative section pgs. 17 - 24. Several comments focus on concerns about whether parents really have enough time to make an

informed choice when the concept is first introduced in the hospital. Suggestions include introducing the VDP process when individuals apply for Medicaid, or early pre-natal visits, etc. This would allow the time necessary to really think through the process.

There are clearly mixed feelings about requiring parents to show ID when signing the VDP. Some feel that not needing ID is an asset in securing more VDPs but others are concerned about participating in the creation of a legal document when they personally have no proof as to the identity of the signers.

DISCUSSION

The findings of this study represent a wide range of experiences. While individual experiences are unique, there are some common themes which have emerged. These include: general education regarding the value and process of establishing paternity, developing systems for delivering information that meet the needs of parents and are efficient and effective for the individuals and institutions involved in sharing paternity information, and finally, the critical role of the specific person delivering the information to the parents in creating a supportive atmosphere for decision making.

This survey was sent primarily to hospital birth clerks because this is currently the group most directly involved with completing VDPs. Responses from these individuals made it clear that they are by far not the only persons engaged in the process. Nurses and other hospital staff are often asked questions or provide information to patients about paternity establishment. This information may or may not be complete or correct. Birth clerks are fighting an uphill battle when hospital staff who have the most information about the client's situation are not fully aware of the importance of the VDP process. This can sometimes result in frustration for the birth clerks and potential missed opportunities for securing a VDP. Some of these frustrations are unavoidable, others could be reduced.

There are many aspects of the paternity establishment which are out of the control of state officials and hospital staff. For example, there is likely little which can be done (at least through this project) to improve poor parental relationships. But there are many other factors which, if given more attention, could be improved. As suggested above, educating others involved on the fringes of the process might help increase their knowledge and participation in the process. This is especially important given the scant coverage in many facilities in the evening and on weekends. How are these time periods covered? Is it just assumed that parents will find out about the process eventually or is there a plan for contacting such individuals? Hospitals, like all institutions, can get in a pattern of doing tasks and not take time to evaluate the effectiveness of the processes in question.

Since most respondents indicated that hospital administration supported their efforts at completing VDPs, perhaps a system could be put in place to have others complete the process when the birth clerk is not present or to pass on information as needed to allow the birth clerk to follow up. Some respondents indicated the need to seek out information regarding the marital status of patients. Could this information be more streamlined to the birth clerk and a routine part of the hospital stay? If everyone understands the value of the process and there are systems in place to insure information is provided to as many parents as possible, the likelihood of improving the paternity establishment percentage increases.

In addition to improving processes within the hospital, several respondents, as well as others who have spoken on the subject, wonder why paternity establishment information could not be provided in other venues. These might include but are not limited to the doctor's office, Medicaid offices, WIC offices, etc. Expecting parents to fully comprehend and make a decision about such an important issue in the emotional and often chaotic time surrounding the birth of the child is not always realistic or even fair to those who are making the decision.

The final point of insight comes from the words of the respondents themselves, not so much the content of the words, as the tone. Some respondents spoke of the paternity establishment process as little more than passing out a piece of paper or popping a video in and walking away. As one respondent noted when asked about "tactics" for securing a VDP, "I have none. I just give them the VDP and have them watch the video and call the 800-662-8525 to help with language barrier." The parents being "educated" by this person will certainly have a different experience than those who, as mentioned earlier, greet the couple, get to know them a little, and respond to questions, concerns and fears. The warm human touch makes a difference.

It would be going too far to say that the person who listed no "tools or tactics" for securing a VDP in their survey response was not as concerned about paternity establishment as those who did. But, it is not uncommon for people to forget how important *they personally* can be in the process. When introducing a sensitive topic such as paternity establishment effectively using interpersonal skills to develop rapport and build trust makes a measurable difference. While access to resources is important, attitudes toward securing paternity and the value it has for families will likely influence a birth clerk's enthusiasm for engaging in the process.

To test this theory, comments from the survey responses were matched with VDP success rates for 2005. In general, respondents who spoke of their personal involvement with parents had higher VDP success rates at the facilities in which they worked. As with many other areas of life, the strength of the worker-client relationship is often associated with success in whatever area is being measured. The personal touch matters and serves as an important supplement to information. Support for workers and encouragement to use *themselves* as a tool for success could potentially make a noticeable difference to the families they serve.

CONCLUSIONS

Whenever a survey such as this is conducted, the areas being evaluated change simply from entering into the research process. Completing this survey seems to have helped some people begin to evaluate the education processes used and the effectiveness of these measures. Some even reported realizing from completing the survey that reading the pamphlet, listening to the recording and/or watching the video would be important so they would know what they were asking parents to do.

While part of the underlying goal of this process is to improve the percentage of paternity establishments in Utah, a wider and more far reaching goal is to help all single parents be as informed as possible to make the best decision for them and their child in light of their life situation. It is hoped that the data from this survey will be used to support both these forms of "success" in the paternity establishment process.

QUALITATIVE RESPONSES FOR PATERNITY SURVEY

T = Comment from respondent a

3. Other Education:

- RHIT - 2

4. Other current positions:

- perinatal mat coordinator
- Vital Records clerk
- Health Department Paternities
- Medical Records Supervisor

7. Other area of employment:

- Southwest Utah Public Health Dept.

12. Other thoughts or comments regarding Recorded Oral Presentation:

T - Most say I will call

- It worked well until we obtained the video presentation.
- I have used it mostly for Spanish speaking parents, especially if I am not sure of their reading ability
- I have never had anyone complain about this and I myself have never called to listen to it

T - I get a lot of flack from parents when I tell them they MUST read the pamphlet and listen to the message before they can sign. I am sure that a lot of them don't do either one, but we ask them if they have before they sign. If they say no, we tell them to come back and sign when they have.

- I haven't listen to this message myself and no parents have commented on it to
- I have more parents that watch the video than anything. Very few call the recorded phone message.
- I can't comment either way I have heard of the number to call but I'm not familiar with it or have ever had the opportunity to listen to the message, so I have never used it. I'm not sure I even had the number to give to parents before taking this survey

T - I am not sure if parents like the presentation or not, and I am not sure if they listen to the entire presentation

- More often parents are anxious to leave or do not have the time. It seems as if they are overwhelmed with all the papers and information given to them during their time in the hospital. Our nursing staff and clerical staff on the floor are, for the most part, very helpful in providing information, or finding the reference they may need. I do find the weekends are more difficult, however the parents do come in later to complete the paternity, and if any are missed, I try to give them a call.

T - Very monotone- but answers parents questions to sign or not to sign. Is informative about different options. Can't put 'yes' that parents sign more after listening, sometimes they don't because they realize the legal repercussions if man is really not father. May need to do blood tests.

- I find that most parents, could care less about the information on this. They mostly just want their name on the child's Birth Certificate, and seem to get offended when they have signed everything and when the father's name, for one reason or another is not put on the Certificate. But again I do not see the latter end when they are now worried about not begin the father or for some other reason they are upset after they have signed the paternity

- Since we have the video we don't use the phone message presentation. We give the phone number out for parents who aren't here in person to complete the paternity so they can go to the health department and finish it up at a later date.

14. Other thoughts or comments regarding the Voluntary Declaration of Paternity Pamphlet:

T - most just put it down or say I will read

- I really like the 5 main reasons why parents should establish paternity right inside the front cover. I refer to this list every time I educate parents about VDP and appreciate it being easy to find and show.

- I believe that since signing a paternity is legally binding and is a great responsibility, that presenting this information for the first time right after delivery does not give both parties time to think about it. The 'father' needs to know for sure he is the father, and the mother may not want the father involved for safety reasons but may feel that it is the only way she can legally get child support.

T - Parents really think about the importance of signing the document once you verbally explain to them the reason why they would or would not want to sign the document, and the legal consequences of signing the document.

- Same as above, I think we have more that watch the video than the recorded message or pamphlet.

- I don't think it goes into enough detail regarding alternate methods for establishing paternity, or the legal consequences of signing the VDP. I can't comment on how parents feel regarding the pamphlet because they don't say anything to me about it.

T - I think parents who want to sign the paternity form have already decided whether to do so or not before they read the pamphlet.

- Like mentioned before. Parents receive a lot of papers in their packet, and can easily be overlooked - Some people don't think its important and I don't know how much they really read it even though they say they have read it. I think it answers alot of questions and I give it to all our parents that want a paternity of have questions about the paternity program.

17. Other thoughts or comments regarding the Power of Two Video:

T - parents like better than anything available

- I have no clue about video and have never shown it to any patient

- I haven't watch the video and haven't heard any comments on it

- Parents seem to relate to this better than anything. I think because it is actual people and circumstances that are similar to their situation.

- I can't comment on this because I have not had the opportunity to view the video. I realize now that I need to make arrangements to watch the video so I know what the parents are watching. I have always been told by the parents that they do understand the video and they usually don't have any questions regarding it.

T - We used the video for about a 6 month period and found that they usually did not watch- they got lost, broken, etc. The pamphlet and phone number, used together, has worked really well of us. We have the video if we feel that that would be beneficial if needs be- but we usually never use it.

- Sometimes are video machine hasn't worked and that makes it tough to try and find a machiner somewhere else in the hospital for them to watch the video. Sometimes the parents just don't want to settle down and take the time to watch it.

19. From the list above or from your own experience, what factor do you feel MOST often contributes to NOT being able to obtain a signed Voluntary Declaration of Paternity?

T - father not taking off work to sign

- #1. NURSES DON'T CATCH ON that a mother is not married and needs to be educated about the VDP in time. Sometimes they don't catch on and sometimes they just out of the blue ask 'Do you want a paternity?' I have noticed that MOST young mothers (and fathers) do not know what a paternity is or may think it costs money which they don't have, so naturally they decline. MOST young mothers (and fathers) WANT a paternity in a big way once I educate them using the pamphlet, which only takes about 60 seconds. I have tried to educate the nurses, and continue to try. Healthcare is continually changing and keeping up with current protocol for care is difficult. At the nurse's station, VDP is secondary to necessary patient care. I have noted some improvement over 2-3 years, and assume more improvement will follow. #2. Sometimes, especially after C-section, the mother is heavily sedated and can't pay attention for more than a few seconds. I have to wait until later in the day or the next day, and our hospital discharges quickly. Sometimes VDPs are missed because I don't want to obtain a signature on a legal document when they are not properly educated and are half in La La Land. Picture id used to be a big problem. At our facility it is mostly a scheduling problem, because there is not anyone here to do them in the evenings or on weekends. Also we depend on the nurses to notify us when one is needed, unfortunately, sometimes we are not notified. It is also very hard to get both parents here during business hours or to come back after discharge. - having both people there at the same time, or if baby was born on weekend, having them come back in.

- FATHER IS IN JAIL OR OUT OF STATE

- Pt was discharged on the weekend. Mother and Father are under legal age and need parents signature on VDP.

T - Obtaining photo ID was difficult, but usually didn't prevent most parents from signing, it was just a pain if they had to go home and they lived far away (mom just doesn't think about her purse while she is in labor). The most common scenario is that the FOB is not involved.

- Parent(s) not wishing to do VDP

- father just doesn't want the responsibility. Poor girl then sees the reality of the situation.

- Parents, fathers in particular, just really don't seem to care whether they sign or not. Language barrier with Hispanics.

- Fathers unwillingness/uncertainty

- Office staff is not available during the hours that patient is here, so does not get signed during hospital stay, then father leaves town and is unable to sign VDP until returns.

- 2nd thoughts on the fathers behalf.

- Not having a back up clerk to do paternity after my office hours and on weekends. Also parents not having a photo ID but now that is not a requirement.

- Mother does not want to name father.

T - Father does not want to sign.

- the inconvenience, lack of knowledge, undecided.

T - They are not absolutely sure who the father of the baby is. Need to do blood tests before sign.

- Father did not want to sign

- The picture ID. A lot of times the mother does not even bring it with her. A lot of the Spanish speaking are here illegal and are worried about how and what this really is. Some are also married in their church, but not in the civil. This is what I have understood from some of the Mexican culture.

Does any of the forms ask if they are married in their church? Or is it not legal in Utah, if they are only married the church, but are not by there government?

- no id

- Mother doesn't want father listed on birth certificate. The father has skipped out and left the mom to deal with things on her own. The parents don't have a picture ID.
- Mother did not want to sign, or father did not want to sign.
- T - Fob out of town. parents out of town
- T - Failure to keep appointment to sign and lack of telephone.

20. From your experience, what factors do you feel most contribute to your success in obtaining a signed Voluntary Declaration of Paternity?

- T - visiting with mother
- NURSES catching on to the fact that a mother is not married, alerting me to the situation, and giving me time before discharge to explain the VDP.
- I have just recently put a letter with the parents hospital packet that gives my phone number and the hours that I work. It also includes information about the voluntary paternity and other frequently asked birth certificate questions/answers. I think that this has helped a lot.
- 1. mother staying more than 1 day 2. if couple is English speaking.
- T - Not requiring identification from the Mother. I can understand why we need to request ID from the Father, but ID from the Mother is inconvenient (as I understand this is not longer necessary). The other factor that contributes to the success is that we meet with most every patient in the facility, married or not. It really helps understanding that the patient and significant other know what and why they are signing the document.
- T - Not having to ask for ID.
- Having everything available at the time of birth, father is usually at hospital for event.
- A couple committed to each other and the raising of their child. This is rare. Those couples who are committed to each other are often the hispanic who culturally don't get formally married but consider themselves married. They are also illegal to this country.
- T - I don't really think it is anything that I do. They either want to sign or they don't.
- Viewing the video
- Nursing staff will help in informing patient about signing VDP and show video to parents before leaving hospital.
- I liked when we used the hospital band for the id that way the father didn't have to go get his id
- Being here when both parents are here.
- Being able to get the birth certificate worksheet before mother is discharged so I can see they need paternity and can talk to them about it.
- Being flexible as to when father can come in with mother to sign. I never have a problem getting two witnesses not related by blood or marriage.
- T - availability of Father at the hospital, a lot of times Father leaves and the form is left with the nurse when the father returns in the evening, and Father does not sign
- Making personal phone call, personally answering any questions. Explaining the importance!
- T - Able to sign ANYTIME before they leave the hospital with head nurse at nurse's station.
- Educating both parents
- If nursing will call us when the pt is in labor and let us know they have a pt who needs a paternity, then we can make arrangements for covering and getting them to sign before they leave.
- ob nurses
- Both the mother and father want to sign the paternity to begin with.
- The parents wanting to sign. These choices (I feel) are made long before they come to the hospital. The parents need to be the ones that make the choice whether or not to sign. They need to have the facts, pros or cons, to make the right choice for them and their baby. Sometimes mom may have a

valid reason for not wanting the dad involved in the child's life. Also if mom is young that is major for mom to trust in the father enough to have him on there. He may be willing to sign that he is going to take care of his obligations, but then a few months later decide he is not ready, then mom is left to shoulder all the responsibility.

- We were told by BSR that we HAD To use the video on every single parent!

T - For the parents to make this a joyous occasion

T - Putting couple at ease and answering all their questions before signing.

21. From your experience, what "tools" or "tactics" do you find most successful in obtaining a Voluntary Declaration of Paternity?

T - video

- #1. Unwed mothers (and fathers) need compassion when discussing the paternity. A cursory 'do you want one' will not do. There are all the feelings associated with a tiny new human being she is (they are) suddenly responsible for. A father may be in prison or simply absent. #2. I have learned to begin with a statement such as 'Congratulations-you have such a beautiful new baby! I understand you and the baby's father are not married. Our hospital is required by law to offer you a VDP. May I explain what this is and how it can help you and the new baby?' Once educated, parents almost always want it, despite saying they didn't want one to a nurse before education. #3. Also, timing is important. If a primigravida is trying to breast-feed the baby for the first time, if pictures are being taken, if diapers are being changed, I will go away and try again later. VDPs require attention without distraction as much as possible.

- I just ask if they are interested, then after the information is presented, ask if there are any questions. Sometimes after the presentation, one of the parents will change their mind about signing. I always tell them that it can be done at a later time if they are hesitant

T - Explanation of how things really work.

- Pamphlet

- I find you cannot force the father to sign if he doesn't want to. They are often hostile when approached. I just educate them and allow them to make their own decisions. By telling them they can do this any time, there just won't be any father information on the birth certificate usually convinces them to sign.

T - willingness of parents. Spanish interpretation.

- None

- The thing that has helped me the most is the video after watching it the parents seem to understand, a lot of times they don't want to read a pamphlet but we do give it incase they like to look over it at home.

- Visiting with patient and answering any questions and showing the Power of Two video.

- our nurses are excellent in helping obtain the vdp

- Catching both parents before they leave the hospital to sign.

- The parents want the father's name on the birth certificate.

- I have none. I just give them the vdp and have them watch the video and call the 800-662-8525 to help with language barrier.

T - the pamphlets

- Taking that extra bit of time and assertiveness in seeking the unmarried couple. I really think this cannot be explained in the short amount of time we have. This needs to be educated to the parents way before they come to the hospital when they are tired overwhelmed, and have too many decisions to make. If they have this given to them to think and reason more ahead of time. Most of the couples are so young and do not understand.

T - Just providing it and telling them that the father will not be listed on the Birth Certificate if they do not sign.

- Face to Face question and answers for the parents.

- ob nurses

- Giving them the basic information of what they need to do to sign a paternity and then letting read the pamphlet and watch the video on their own time before the clerk comes in to finish doing the birth certificate process.

- My knowledge of the process and places for mom's and dad's to educate themselves as well.

- The video

T - To be understanding of the situation

T - Getting to know the couple first especially the father who seems to be the most fearful.

22. What are the most common questions asked by parents considering paternity establishment by Voluntary Declaration of Paternity?

T - what consequences

- How much does it cost? Do I need genetic testing? How long do I have to think about it?

- WHAT IT IS? WHY IS IT NEEDED?

- Almost always the couple already has their mind made up one way or another. The most common question is how it would be done later and where.

T - Some parents think that we are actually going to do a 'Paternity' test, then I will ask, 'Do you want a paternity test?' They usually say no. I just don't think that parents know anything about needing to sign the document during the pregnancy and if they had a 'heads up' they would know that they will need to sign the papers in order to have dad listed.

T - 'Do we have to take a blood test?'

- can the father take the child from the mom just because he is on the birth certificate ?

- If I don't use the whole title and just say Paternity, they think I mean genetic testing. It just takes a little education and they can make a good decision.

T - what if I am not sure I am the father?? What if my husband wont come in and sign?? What if the father is unavailable to sign?? What if we don't have a name for our baby??

- Do we have to sign it?

- if it will get them child support.

- What if I am unsure I am the father? Can I sign the VDP later?

- they have questions on what will happen if the baby has a different last name then the mother

- Will my name (father's) be on the birth certificate.

- What do they need to do? Will signing the VDP put the father's name on the birth certificate? If the father can't sign the VDP in the hospital can it be done after discharge?

- They want to know if they can mail it to the father since he is unable to be here.

T - I have a lot of questions about paternity testing from Fathers

- Why do we have to do this now? We did not have to do this with our last child? Or other state? Do I have to name the child with the fathers last name? What if I do not know where the father lives?

What if he is in prison? Grandparents ask if they are responsible financially when they sign for a child under 18. Do I have to do the paternity right now?

T - Why all the hoops to jump through in Utah compared to other states. Having to have the legal husband sign to list the father of the baby- can get really ugly.

- How long do we have to establish paternity

- They some times want the father's name on it, but he is out of town, or is unavailable, and so we tell them they will need to go to the Health Dept to get a paternity complete when he is available.

- For the mom-if I put the dad's name on the birth certificate, will I get child support?
- How much does the test cost? How can I complete this paternity if dad is elsewhere?
- T - Do I need to do this?
- T - Are you going to take my blood and does this mean I can see the baby when I want. Next is can I put the baby on my insurance.

26. Approximately when were you last contacted by an ORS employee? (mm/yyyy)

- ?
- can't remember
- T - last month
- ??/ 2005
- May 2005
- T (1) - October 2005 (2 responses)
- November 2005 (2 responses)
- T (1) - December 2005 (2 responses)

30. Additional types of parent education channels the facility has:

- MOVIES THEY WATCH
- specific videos
- Unknown
- videos for the parents to watch
- Videos
- I don't know if it is hooked up now that we moved to a different floor.

32. Please add any comments, questions, concerns, suggestions for improvements, etc. you may have regarding the Voluntary Declaration of Paternity process:

- T - more information to parents before they deliver
- I would like someone with 'authority' from OVBRS to come to my hospital and do a short in-service with me to ALL THE NURSES simultaneously. I seem to only catch a few on 1-2 shifts and end up missing others who still let the VDPs go undone. It is difficult to get the Director of Patient Care to consent to an in-service in conjunction with nursing staff meeting.
- WHY DO WE NOW REQUIRE A PARENTS SIGNATURE FOR MOTHERS UNDER 18?
- I think a great time to present the information of VDP is when a single mother signs up for Medicaid. Or when a single mother goes for her first prenatal visit. This would give both mother and father a chance to think about it. The mother needs to know there is a legal way to get support if she is worried about giving the father legal rights. And the father needs to know that if he is not absolutely certain it is his child, he can sign a VDP later after he is certain.
- T - Change the wording of the parents statements. Make it more simple for some uneducated people.
- What is your recommendation for teenage fathers? What happens to a father who refuses to sign latter on with Medicaid?
- T - I do not feel comfortable having either parent sign without showing a picture ID. This is a legal document and I feel proof of who is signing is very important.
- People need to be more aware of the issues connected to VDP

- It is a big help in not requiring parents to have picture ID. I have been able to complete more paternities because most of the mother's are pre-registered so at time of delivery they do not bring their ID with them.
- I think if at the time the patient goes to her Dr. initial checkup and is not married, materials about vdp should be given to her then so she can give it some thought ahead of time.
- Most of what I have added before
- T - I think that we should still have some sort of ID of the person that is signing the paternity since it is a legal document.
- This is sometimes a very time consuming process, especially when at a small facility we are doing everything and not only doing Birth Certificates, and some times it is a while between when we last did one, and when we are doing our next one.
- with the new procedure of not requiring picture IDs I think we can have more paternity forms signed.
- I feel that if I had access to a DVD of the 'Power of Two' than I can more easily show it to the parents. I am working on getting each patient room a DVD player hooked up. We have a few but that is not enough!
- T - on affidavit last ? have birth mother child & declaring father submitted to genetic testing be changed to DNA testing

33. Please add any additional comments you may have regarding any question(s) in this survey or the survey in general:

- You asked great questions and offered a clear way to answer them. However, the contact I had recently from OVBRs was not by person or phone, it was by email. Email was not an option in those listed. PS. I liked the lime green background color...
- My general concern is that a birth certificate clerk can provide the service, but feel that we really do not have the time or knowledge to counsel someone about this. Yes, we can answer general questions, but this is a lifelong commitment and should not be entered into quickly. The moms are thrown so much information in their short stay, especially those that stay only 24 hours.
- The first few questions were a little too general. I know it mentioned my opinion but there are so many different circumstances to actually answer. Such as someone under 18 should sign a paternity. I cannot really explain..
- T - Most of the time you have to look at each case individually- there are so many human factors involved. You can't say everyone should sign- if they aren't sure who the father is they need to establish this first.
- I sometimes feel that if a pt has problems they could easily get through to ORS and get support and help through them and not always seem to make it our problem to get this done here at the hospital.
- Thank you for asking for our feedback! That makes it feel as if you want to know our opinions, and concerns.
- This seems to be strictly for hospitals. It would be nice to see one geared to Health Departments.