

July 29, 2013

The Oscar G. & Elsa S. Mayer Family Foundation
Attn: Harold F. Mayer, President
One South Pinckney Street, #920
Madison, WI 53703

Re: Developmental Screening for Diverse Families

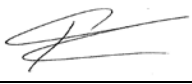
Dear Mr. Mayer:

We are grateful for your support this year and proud of what we have accomplished thus far. As our Interim Report notes, we are pleased to share that we are on schedule to translate and disseminate two early childhood developmental screening questionnaires into Nepali and Burmese.

Also, since receiving funding from the Mayer Family Foundation I have been fortunate to secure an additional federal grant which is designated to support my salary during both Year One and Year Two of this project. However, the conditions of this new award stipulate that I cannot accept any salary support from other grants, which would include the Mayer Family Foundation grant. Because our original budget included a percentage of the Mayer Family Foundation grant to be used toward my salary, I would like to respectfully request that we re-allocate a portion of these funds directly towards the project. Specifically, I would like to add a third language translation item (Karen) to this project. Karen is a language from Burma that is distinct from Burmese and that is widely spoken among Burmese refugees in the United States. Two members of our current Burmese Translation Team are fluent in Karen and have recently completed a Burmese translation of the MCHAT. Likewise, because our team already has the infrastructure in place for supervision and support, we believe that the Karen translation of the MCHAT could be completed efficiently, without exceeding our total budget, and without compromising our timeline for completing our Nepali and Burmese translations.

Please let me know if this re-allocation of grant support from the Foundation is acceptable. I would be happy to discuss this in more detail with you over the phone if that is helpful. Again, thank you for your support of this project and the difference you are making for these children and families.

Sincerely,



Katherine Yun, MD MHS

OSCAR G. & ELSA S. MAYER FAMILY FOUNDATION

INTERIM GRANT ACCOUNTABILITY REPORT

Report Date July 22, 2013 **Grant Amount** \$44,300 **Organization Name** The Children’s Hospital of Philadelphia (CHOP)

Report Author’s Name Katherine Yun **Author’s Email Address** yunk@email.chop.edu

Author’s Phone 267-426-4964 **Author’s Postal Address** 3535 Market St, Room 1539, Philadelphia, PA 19104

Term of Grant 11/15/2012-11/14/2014 **Purpose of Grant** To translate and disseminate early childhood developmental screening questionnaires into Nepali and Burmese

Intended Outcome #1 Restated: Translation of the M-CHAT and Survey of Well-being of Young Children (SWYC) into Nepali and Burmese

Outcome On Target **Lagging Target** **Exceeding Target**

Please provide quantitative and qualitative data/explanations to support the above.

To date we have hired translation team members (3 Nepali, 3 Burmese), trained team members, and completed the first phase of translation for the SWYC Milestones, a screening tool for early childhood developmental delay (children 9-48 month), and the M-CHAT, a screening tool for autism (children 18-30 months). We are on target per the project timeline (Figure 1).

Figure 1. Timeline July 2013-December 2013

	June ‘13	July ‘13	Aug ‘12	Sept ‘13	Oct ‘13	Nov ‘13	Dec ‘13
SWYC MILESTONES, 9-48 months	X	X					
MCHAT		X					
SWYC POSI		X	X				
SWYC BPSC			X				
SWYC PPSC			X				
SWYC Family Questions (1-9) and Parent Concerns (1-2)			X				
TRAIN FOR COGNITIVE INTERVIEWS				X			
COGNITIVE INTERVIEWS				X	X		
REVIEW COGNITIVE INTERVIEW RESULTS				X	X		
SWYC MILESTONES REVIEW					X		
MCHAT REVIEW						X	
SWYC BPSC AND PPSC REVIEW						X	
SWYC POSI REVIEW						X	
FINALIZATION & FORMATTING						X	X

Intended Outcome # 2 Restated: Local and statewide dissemination of the translated screening tools
Outcome On Target **Lagging Target** **Exceeding Target**

Please provide quantitative and qualitative data/explanations to support the above.

After completing translation we will begin dissemination. We have identified targets for local and statewide dissemination, including the Philadelphia Refugee Health Collaborative (Thomas Jefferson Hospital, Einstein Hospital, Delaware Valley Community Health, Children’s Hospital of Philadelphia, Nationalities Service Center, HIAS, Lutheran Children and Family Services), Migrant Education Unit (Philadelphia County/Chester County), Early Intervention (Philadelphia), Elwyn (Philadelphia), Bhutanese American Organization of Philadelphia, Lancaster County Refugee Coalition (Lancaster), and Catholic Charities (Erie).

Intended Outcome # 3 Restated: National dissemination of the translated screening tools
Outcome On Target **Lagging Target** **Exceeding Target**

Please provide quantitative and qualitative data/explanations to support the above.

After completing translation we will begin dissemination using national meetings, listservs, and personal contacts. We have identified targets for national and international dissemination, including: Association of Bhutanese in America (ABA), Association of Asian Pacific Community Health Organizations (US), American Academy of Pediatrics Council for Community Pediatrics (US), Refugee Health Technical Assistance Center (US), CDC Domestic Migration & Quarantine Branch (US), CDC Developmental Branch (US), Auckland Regional Public Health Service (New Zealand), Simon Frasier University Refugee Health Services (Canada), and Access Alliance (Canada).

Major Changes in Organization’s Executive or Board Leadership (please state changes in personnel and rationale)

There have been no major changes.

Major Changes in Program Leadership (please state changes in personnel and rationale)

There have been no major changes.

Major Changes in Program or Program Outcomes (please state changes and rationale)

In our funding application, we proposed translating the ASQ (Ages and Stages Questionnaire) rather than the SWYC. Both are used to screen for general problems with early childhood development and are typically used to assess children 9-48 months. We learned about the SWYC (Survey of Well-being of Young Children) after our proposal had been evaluated and accepted, and after weighing the strengths and weakness of the ASQ and SWYC with Dr. Marsha Gerdes, an early childhood psychologist and specialist in early childhood assessment, we determined that the SWYC would be the better tool. The SWYC was created by a child development specialist at Tufts University with support from the Commonwealth Fund and the NIH. It has performed as well as the ASQ in early testing. It has three critical advantages relative to the ASQ: First, it is open source and will be freely available online (the ASQ must be purchased). Second, it is significantly shorter. The general developmental screening portion of the SWYC is only 10 questions, in contrast to the ~40 questions required to complete the ASQ. Third, it has been carefully designed to be accessible to parents with a low literacy level. The Flesch-Kincaid grade level, a measure of reading level, is rated at < 2nd grade, and all questions are short and written with a consistent format.

Cost and time are two reasons why health care providers and early childhood educators may forgo standardized developmental screening. Additionally, the literacy level of our target population is relatively low. For these reasons, we have opted to modify our proposal and translate the MCHAT and the SWYC, rather than the MCHAT and the ASQ. We also described this change and the rationale in a letter to the Foundation dated 3/7/13. Our other objectives with regards to dissemination remain the same. Because the general developmental screening section of the SWYC is short, we will also be able to translate sections of the SWYC that focus on

child mental health and social stressors. Additional information about the SWYC is available online at:
<https://sites.google.com/site/swycscreen/home>

Major Obstacles or Delays Encountered Affecting Program Goals

There have been no major obstacles or delays.

Major Changes in Financial Stability of Program/Organization (please state changes and rationale)

There have been no major changes.

Attachments – Please attach the following documents:

- 1. Current organization operating budget from date of grant to present (actual vs. budget).**
- 2. Current project data from date of grant to present (actual vs. budget).**
- 3. One additional attachment of your choice that celebrates your accomplishments from date of grant to present.**

Attachment 1: Current Organization Operating Budget

OPERATING REVENUE

Patient Care Revenue	\$ 1,333,400
Grant Revenue	211,000
Other Operating Revenue	83,400
<i>Total Operating Revenue</i>	<i>1,627,800</i>

OPERATING EXPENSES

Salaries & Benefits	897,900
Supplies & Purchased Services	477,200
Fixed Costs	171,200
<i>Total Operating Expenses</i>	<i>1,546,300</i>

EXCESS REVENUE OVER EXPENSES

\$ 81,500

(in 000s)

Attachment 2: Current Project Budget (1/1/13-6/30/13), Actual vs. Budget

<u>PROGRAM BUDGET - Year One</u>	
Organization Name:	The Children's Hospital of Philadelphia (CHOP)
Program Title:	Developmental Screening for Diverse Families
Year One Start Date:	1/1/2013
Year One End Date:	12/31/2013

	Notes ⁽¹⁾	1st Year Budget (Proposed)	1st Year Budget (Actual, 6/30/13)
<u>Foundation Grants:</u> ⁽²⁾			
<u>Government Contracts & Grants:</u> ⁽²⁾			
<u>Total Fee for Service Revenue:</u>			
<u>Donations:</u>			
<u>Fundraising Events</u>			
<u>In-Kind Gifts</u>			
Katherine Yun, MD (PI)	5% FTE supported by The Children's Hospital of Philadelphia (CHOP).	-	3,724.02
TOTAL SOURCES OF SUPPORT		-	3,724.02

PROGRAM EXPENSES	Notes	1st Year Budget (Proposed)	1st Year Budget (Actual, 6/30/13)
DIRECT Program Expenses:			
<u>Compensation Expense (by position)</u>			
Katherine Yun, MD (PI)	Budgeted for 5% FTE, which was instead donated by CHOP.	7,384.00	-
Marsha Gerdes, PhD (Co-I)	Budgeted for 3%. This was raised to 5% FTE to reflect deeper involvement by Dr. Gerdes in instrument selection, team training, and team supervision. We calculate that Dr. Gerdes' total support will be \$7,989.06 by 12/31/13.	4,693.00	3,849.03

Leela Kuikel, MA (Research Assistant)	Budgeted for 25% FTE for one year. However, due to CHOP's lengthy hiring and credentialing process, Mr. Kuikel did not start work until April 2013. In order to remain on schedule for this project, we plan to increase Mr. Kuikel's %FTE for the second half of this year. We will spend the full budgeted amount by 12/31/13.	12,710.00	2802.96
Total Compensation Expense		24,787.00	6,651.99
<u>Professional Services (by position)</u>			
Translation for 2 languages, 2 instruments: group translation, cognitive interviews, revision	402 hours, \$25/hour: Due to CHOP's lengthy hiring and credentialing process, our teams did not start translation until the beginning of June. We will spend the full budgeted amount by 12/31/13.	10,050.00	3379.85
Total Professional Services Expense		10,050.00	3,379.85
<u>Other Direct Program Expenses</u>			
Incentives for participation in cognitive interviews	30 interviews, \$15/interview: Scheduled for 10/13.	450.00	-
Food for team training	Training completed 6/10/13; reimbursement pending.	150.00	-
Travel for dissemination			
Total Other Direct Program Expenses		600.00	-
INDIRECT Program Expenses ⁽⁴⁾			
CHOP Indirect Rate 67.5%, Max allowed 25%		8,859.00	2508.04
Total Indirect Program Expenses		8,859.00	2,508.04
TOTAL EXPENSES		44,296.00	12,539.88

