



# Qualitative Evaluation of Provider Perceptions of CHILD Profile Health Promotion Materials

## EXECUTIVE SUMMARY

This executive summary describes key findings from interviews conducted with 50 health care providers across Washington State related to providers' awareness and perceptions of the CHILD Profile Health Promotion system; their typical processes for visits with young children; their perceptions of the potential benefits of integrating health promotion materials into their practice; and preferred methods for communicating with CHILD Profile. We conclude by presenting recommendations for CHILD Profile to establish ongoing communication with providers and inform them about the Health Promotion system.

## EVALUATION DESIGN

This qualitative evaluation was designed to address a number of questions regarding health care providers' awareness, perception and use of the CHILD Profile health promotion materials in their practice. Primary evaluation questions included:

- How familiar are health care providers with the CHILD Profile health promotion materials?
- How do providers perceive the CHILD Profile Health Promotion system and its connection with the Immunization Registry?
- How if at all do providers use these or other materials in their communication with parents?
- How can the health promotion materials be more useful for providers and become better integrated into their practice?

In fall 2010, **Organizational Research Services (ORS)**, an evaluation consulting firm based in Seattle, was selected by the **Washington State Department of Health (DOH)** to evaluate health care providers' perceptions of its CHILD Profile Health Promotion system. Distinct from CHILD Profile's Immunization Registry, the Health Promotion system sends health promotion mailings to nearly all Washington parents and guardians of children from birth to age six. The mailings serve as Washington State's centralized reminder system for immunizations and well-child visits, and provide information about safety, nutrition, oral health, development, and other health topics. All materials are available in English and Spanish. The content is based on AAP recommendations, Bright Futures, and other state and national child health and safety guidelines.

In previous CHILD Profile evaluation efforts, parents have consistently reported that health care providers are their most trusted source of child health and safety information. CHILD Profile reports that 90 percent of providers in Washington State use the Immunization Registry but estimates that very few providers are familiar with the health promotion materials or refer to them during visits with parents of young children. CHILD Profile's previous outreach efforts to providers regarding the health promotion materials have been limited.

Evaluation findings are intended to inform CHILD Profile's outreach to providers and suggest improvements in the Health Promotion system so that references to the materials can be efficiently integrated into providers' routines for well child and other visits with young children. In the long term, CHILD Profile hopes that increasing providers' familiarity with and use of the health promotion materials will contribute to an increased rate of childhood immunization in Washington State and achievement of other gains in child health and safety.

ORS conducted half-hour phone interviews with 50 health care providers across Washington State, including: 36 Doctors (Family Physicians or Pediatricians), seven Nurse Practitioners, three Physician’s Assistants, three Nurses (LPNs or RNs), and one Medical Assistant. The interviewees represented a diverse group of providers in terms of geography, size, type of practice, and populations served.

Interview responses were analyzed for common themes and differences across subgroups. We did not find any meaningful differences across key sample characteristics; rather, responses were very consistent across different types of providers. It is important to note that findings from these interviews are not intended to be generalized to Washington State providers overall as priority was placed on selecting information-rich cases from diverse contexts rather than creating a representative sample.

## PROVIDER FAMILIARITY WITH AND PERCEPTIONS OF CHILD PROFILE HEALTH PROMOTION MATERIALS

- Almost all providers initially perceived CHILD Profile as the Immunization Registry. After being prompted more specifically about the CHILD Profile Health Promotion system, the majority still was not familiar with the materials, but several noted receiving the materials for children in their own families or identified specific ways they learned about the materials in their professional lives.
- Nine providers reported using the CHILD Profile materials in their practice, most often as handouts for parents to take home. They appreciated that the materials are free and accessible on the Internet. One provider stopped handing out the materials after learning that all parents receive them in the mail to avoid duplicating efforts.
- About half of providers found the CHILD Profile materials credible because of their reputable sources as well as the appeal and appropriateness of their content and presentation. Providers felt that the materials are, for example: “appropriate, well-written, reliable, dependable”; “very nicely written, factual and easy to understand”; and, “attractive to the eye.” Some providers expressed skepticism about whether parents would read the materials and/or made specific suggestions for improving them. The remaining providers had no opinion of the materials because of their lack of familiarity with them.
- Two-thirds of providers expressed willingness to refer to the CHILD Profile materials during visits, although several noted that the materials would need to be easily accessible to them and their patients through a website or their electronic medical records. Most of the remaining providers wanted to see the materials before referring to them.

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*“I know about the Immunization Registry but did not know that [CHILD Profile] did anything else.”*

*“I have never seen a family come in with [the materials]. I’m not sure where the disconnect is, if they receive it.”*

*“Now that I know [about the materials] I would refer to them and definitely encourage parents to look for and read them.”*

*“I look for hand outs that are straightforward and clear, and that mirror what I am saying to parents, and I thought CHILD Profile has done that nicely.”*

## PROVIDERS' TYPICAL PROCESSES FOR VISITS WITH YOUNG CHILDREN

- Providers seem to follow a very consistent process for visits with young children, in which a Nurse or Medical Assistant (MA) sees the family first, followed by a more thorough examination with the Doctor, who asks health promotion-related questions (i.e., related to developmental screening, anticipatory guidance, etc.) and provides any materials. In addition to the Doctor, Nurses and MAs often share health promotion information with parents.
- Providers shared that they and/or the parents they serve most commonly bring up health promotion topics related to the child's growth and developmental milestones, various topics that are unique to each age group, diet and nutrition, immunization concerns, and child safety issues.
- Almost all providers share handouts with families, which they choose based on credibility, accessibility, readability, and visual appeal. Common sources include the state and federal government, professional associations, and medical websites. Three-fifths of providers interviewed also use other teaching aids and tools, most commonly development and growth charts.

## PERCEIVED BENEFITS OF USING HEALTH PROMOTION MATERIALS

- When specifically asked, almost all providers believed that health promotion materials targeted at parents could help them communicate or reinforce health messages during visits and initiate important conversations with parents. Providers thought the materials could make parents aware of well child visits and the schedule for immunizations; provide a guide of questions for the provider to cover during visits; and reinforce information communicated verbally during the visits and cover any topics the provider could not get to. However, many providers questioned whether parents actually read handouts.
- Providers had different opinions about whether referring to CHILD Profile materials can help save time during visits: about two-fifths thought yes, about two-fifths said it depends on the family or situation, and about one-fifth thought referring to materials would add time to visits. Several providers were more concerned with increasing the quality of visits than saving time.
- Providers reported that health promotion materials might help address other specific needs, including communicating in languages other than English and in a variety of formats (visual, audio, technological) and delivering messages to low-literacy and low-income families.

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*“When I give these handouts to parents, it's more as additional information after talking with them... I always feel parents need to take something home with them because the well child visit covers so much information that I can't possibly cover.”*

*“Providing reassurance about their child's development is the big topic with parents.”*

*“We spend a lot of time on immunization education.”*

*“[Saving time] is not really what we are looking for. It is more important to do a better job on what we are doing. [Referring to materials] would provide a more robust and thorough discussion with patients.”*

- Providers shared that for health promotion materials to be more useful to them, they would need to be translated into multiple languages, be visually appealing and targeted at low-literacy parents, cover a broad range of specific topics, and link to the provider’s electronic medical record system. Providers expressed that CHILD Profile could best serve them by keeping them informed and involved and providing easy access to the health promotion materials.

## PROVIDER PREFERENCES FOR ONGOING COMMUNICATION

- Providers shared that they would like to receive a sample of materials from CHILD Profile as well as alerts about updates to the materials. It appears that a mixture of email and mail communication addressed to Physicians would meet the communication needs of the largest percentage of providers; however, because most Doctors do not log on to the Immunization Registry themselves, its website would not be a good venue for delivering announcements to them.
- Providers would potentially share feedback electronically about the CHILD Profile materials and how they are being used, through email, links on a website or newsletter, or an online survey.
- Providers’ most trusted sources for new findings in child health issues are professional associations.

## RECOMMENDATIONS

Based on the findings above, we recommend that CHILD Profile consider a variety of activities to increase providers’ awareness and use of the health promotion materials. It appears that a **staged communications campaign utilizing multiple methods to deliver messages to providers** would have the greatest potential impact. Considerations for such an approach include:

- **First, let providers know that parents are receiving the mailings from CHILD Profile and make the materials more accessible to providers.** CHILD Profile could share a sample of materials via mail and/or email; include links to the materials in the “provider” section of the CHILD Profile website; and/or create a provider-specific communications piece that clarifies what materials parents receive, when they receive them, and how providers might incorporate the materials into visits. Providers can also be reached through their professional associations and continuing medical education courses. Initial outreach should be targeted at Doctors because they generally oversee selection of health promotion materials and integration of materials into provider practices.

P R O V I D E R I N S I G H T

*“It would be nice if there was a way that I could go to the CHILD Profile website and download all of their materials at once and have them all in my EMR’s database.”*

*“It would be nice to have just one complete set of handouts to me or my staff so we know what parents get and we can discuss it with them during visits. This can help open the line of communication.”*

*“We would like to know when there is a revised version we need to replace or when there is a new topic available.”*

- **Keep providers informed about updates to the materials and other pertinent news from CHILD Profile through multiple modes of communication** (e.g., email, mail, electronic newsletter, website announcements, etc.).
- **To alleviate skepticism about whether parents read the materials, CHILD Profile could share results of previous data collection efforts with parents.** This information might be eye-opening for providers and give them more confidence that referring to the CHILD Profile materials is a worthwhile addition to their practice.
- **Encourage parents to bring the materials with them to well child and other visits and discuss them with their Doctor.** Many providers expressed surprise that parents had never brought the materials to their attention, but they might be even more receptive to the materials if the interest is parent-driven.
- **Give providers tools and assistance to help them integrate the materials into their processes and systems, particularly their electronic medical record (EMR) systems.** This could take the form of a link from the provider’s electronic medical record system to the materials based on the child’s age, so that they could pull the materials up and print them out if needed; a binder of the materials providers can refer to and/or a guide for when and how to use materials with parents; and integration of the materials into providers’ anticipatory guidance checklists for well child visits.

## CONCLUSION

CHILD Profile is essentially working with a “blank slate” in terms of provider familiarity with the health promotion materials. Rather than a barrier, this could be an opportunity, since providers generally find the Department of Health to be a credible source for information and many express a need for accessible and reliable materials that a wide spectrum of parents can easily consume. By opening channels of communication with providers, increasing their awareness of the materials, and making it as easy as possible for providers to integrate the materials into their practice, CHILD Profile could potentially develop strong partnerships with providers to promote and reinforce the CHILD Profile health promotion materials with parents.

## REFERENCES

- For more information on the CHILD Profile Health Promotion system and mailings see [www.childprofile.org](http://www.childprofile.org).
- See [www.doh.wa.gov/cfh/childprofile/eval.htm](http://www.doh.wa.gov/cfh/childprofile/eval.htm) for a description of findings from data collected by the University of Washington from parents regarding the CHILD Profile health promotion materials.