



CHILD Profile Health Promotion Phone Survey Report 2007

Executive Summary

I. Introduction: CHILD Profile, a program of the Washington State Department of Health, is Washington State's Health Promotion and Immunization Registry System designed to ensure all children get the preventive health care they need. The Health Promotion System contains seventeen mailings sent to Washington parents of children aged 0–6 with information on immunizations, well-child care, parenting, child health, early learning, and safety. The goal of the mailings is to help parents make informed decisions about their children's health and safety. All materials are translated into Spanish.

II. Background: Surveys have been mailed every three years since 1996 to assess whether materials meet the needs of parents and what impact materials have on parent's knowledge, attitude, and behavior. In 2007 a phone survey was conducted because of some concern that mailed surveys might under-represent low-income families.

III. Methodology: The CHILD Profile System provided the demographic information for the low-income sample, using data from Medicaid and two other health plans serving Medicaid recipients. Thirty-six thousand, seven hundred and seventeen families were identified and a random sample ($n=6,117$) was selected with an equal distribution of families with children aged birth to six, and with at least ten percent from Spanish-speaking families. The Department of Health sent a pre-notification letter to inform parents that they may be contacted for the survey. Gilmore Research Group was contracted to conduct the surveys and assess whether materials meet their needs. See the full report (http://www.childprofile.org/announcement/phone_report.pdf) for detailed methodology.

IV. Results: A total of 610 phone surveys were completed. Eighty-five percent ($n=521$) of all respondents completed the entire survey. The respondents who said they did not receive the mailings answered only the preliminary questions about public health and the demographic questions.

A. Demographic Information

- **Income:** Sixty-four percent ($n=390$) of all respondents reported their annual household income to be between \$20,000 and \$50,000 annually. There were a statistically higher percentage of families in the lower income groups responding from King County and the Central region (see map on page four of the Summary Report).

- **Ethnicity:** Interviews were conducted in Spanish when requested by respondents and were random across the age groups. There was some association between ethnicity and other demographic factors. Those who said they were white were more likely to have higher education levels and higher incomes.
- **Gender:** Surveyors requested to speak with the person most likely to read information about the health of their child. Eighty-six percent (n=525) of all respondents were female and eighty-one percent (n=494) were the child's mother.
- **Respondent age:** Age ranged from 15–17 up to 75 years or older. The mean age of respondents was 31.4 years. Respondents who were non-readers or who were male were more likely to be older.
- **Education:** Compared to the Office of Financial Management (OFM) estimates, a higher percentage of these low-income survey respondents had less than a high school degree (20 percent), and fewer had graduate degrees (3 percent) than the statewide population.
- **Geographic distribution:** More surveys were completed in the Northwest (32 percent) and Central regions (25 percent) (see map on page four of the Summary Report), the more populated regions in Washington State.

B. Survey Results

Information on public health

- When asked what public health meant to them, the top two responses were low cost/public assistance (21 percent, n=123) and “didn’t know” or “nothing comes to mind” (24 percent, n=149).
- Eighty-two percent (n=499) said they thought of public health positively. Those with children under one year who had lower income levels, or who were Hispanic, were the most likely to think of public health positively.

Source for child health and development information

- Most respondents (62 percent, n=379) said they rely primarily on their health care provider for their child’s growth and development information. Younger parents, women, or respondents with lower education levels were most likely to say their doctor provides this information.
- While only five percent (n=31) said CHLD Profile was their main source of information. In combining all sources of information, respondents with children under one year were more likely to get their information from CHLD Profile.

Who creates and sends the mailings

- Forty-five percent (n=236) responded that the state (including the Department of Health and the Department of Social and Health Services) developed them; 34 percent (n=178) said they did not know who created the mailings.

Recall of mailings

- A total of 87 percent (n=530) said they recalled the mailings. Those with higher income and education levels and non-Hispanic respondents were more likely to recall the mailings.

Those who said they recalled the mailings were then asked the following CHILD Profile-specific questions.

Reading the mailings

- Ninety percent (n=479) of respondents said they “read” the mailings or “looked at them briefly.” Respondents who said they read the mailings were more likely to be Hispanic, mothers, or have younger children.

Usefulness

- Seventy-six percent (n=392) of respondents said the mailings were useful or very useful. Only seven percent (n=36) said the mailings were not useful. Respondents with younger children, those with lower income or education levels, and those who identified themselves as Hispanic were significantly more likely to find the mailings useful.
- Fifty-nine percent of respondents reported that something in a CHILD Profile mailing was particularly useful; 31 percent (n=109) mentioned development issues, 17 percent (n=60) said immunization information, 14 percent (n=47) said nutrition, and 10 percent (n=33) said safety.

In several questions about CHILD Profile, respondents stated that:

- They looked forward to receiving CHILD Profile in the mail (70 percent, n=367).
- They recognized the mailings (94 percent, n=487) and could read and understand them (82 percent, n=426).
- They were interested in prenatal mailings (64 percent, n=332).
- They shared the mailings with members of their household (72 percent, n=374) and outside their household (57 percent, n=296).
- They discussed topics in the mailings with other parents (58 percent, n=299) and with their health care provider (44 percent, n=232).
- They found an answer in a mailing to a question they had (63 percent, n=327).
- They remembered to do something regarding the care of their child (51 percent, n=262) or changed a behavior because of what they read in a mailing (69 percent, n=361).
- They would like the mailings in another language (21 percent, n=109); most said Spanish.
- They thought the mailings were only sent to low-income families (28 percent, n=142).

Lifetime Immunization Record card use

- Sixty-eight percent remembered receiving the record card (sent in the introductory packet). Those with higher education levels were the least likely to recall receiving the record card. Of those who recalled receiving it, 74 percent (n=185) said they used the record card to record immunizations. Respondents with children under one year, mothers, and those who

responded in English were all significantly more likely to say they use the record card.

Mailings beyond age six

- Sixty-seven percent (n=347) would want to continue receiving the mailings after their child turns six years. The majority of respondents wanted the mailings to continue until ages 10–12 years (44 percent) or ages 16–18 years (21 percent). Respondents who were older, who were Hispanic, and with lower education or income levels all were more likely to want the mailings to continue.

Non-readers

- Why don't you read the mailings? Of the 15 percent (n=89) who said they didn't read the mailings, 57 percent (n=51) said they did not remember receiving them, 11 percent (n=10) said they were too busy to read them, and 11 percent (n=10) said that it wasn't in their language.
- What would make you more likely to read the mailings? Respondents said they would be much more likely to read them if their health or child care provider talked with them about the mailings (53 percent, n=47) or if the materials were at their doctor's office (46 percent, n=41).

CHILD Profile name

- Forty-five percent (n=273) said the CHILD Profile name was either very good or excellent and 35 percent (n=214) said good; 15 percent (n=91) of respondents said the name was fair or poor. Hispanic respondents, women, and those with lower education were all more likely to say the CHILD Profile name was excellent or very good.

Additional topics

- The majority of respondents (52 percent, n=319) had no suggestions regarding topics to address for CHILD Profile. Those who had suggestions included age-appropriate development (12 percent), nutrition (9 percent), parenting advice (7 percent), and behavior issues (7 percent).

Computer/Internet use

- Sixty-three percent (n=386) of respondents said they had Internet access. However, respondents who said they read the mailings, those with higher income and education levels, and non-Hispanic respondents, were all significantly more likely to have Internet access.
- Of those with Internet access, most respondents (87 percent, n=336) use it at home and 57 percent (n=345) said they spend from one to five hours per week online. Also, 67 percent (n=262) who said they use the Internet said they sometimes or often use it to get information about their child's health or safety.

Electronic dissemination

- Thirty-two percent (n=195) of all respondents said they would be interested in receiving the materials electronically. Those at the lowest income level were more likely not to be interested in e-mailed versions.

V. Discussion

A. Comparison with Previous Surveys: The following results are consistent with previous mailed surveys. Over time, respondents have said:

- They recognize, read, and understand the mailings.
- The information is useful.
- The mailings give them new information, help answer parenting questions, and “help me remember important things at different ages.”
- Health care providers are their main source of health and development information.
- They take their Lifetime Immunization Record card with them to the doctor to complete (of those who recalled receiving it).

Among this low-income group, there were some differences from the previous statewide mailed surveys. Specifically:

- A lower percentage correctly identified that the Department of Health (combined with the Department of Social and Health Services in this survey) creates and sends the mailings (45 percent in this survey compared to 61 percent in 2005).
- A higher percentage of respondents said they shared the CHILD Profile information within their household (72 percent) than in a previous mailed survey.
- A higher percentage (67 percent) said they wanted the mailings to continue beyond age six years.
- A higher percentage (32 percent) said they would want the letters electronically than in past surveys. Consistently since 1999, more than 20 percent have said they would be interested in getting the letters electronically.

B. Specific Low-Income Analysis

In this low-income population, there were strong associations between those with lower education and lower income and between Spanish-speaking respondents and education level. Those groups with lower income and education levels and Spanish-speaking respondents were more likely to state that they:

- Look forward to receiving CHILD Profile mailings.
- Think that mailings are only sent to low-income families.
- Find the mailings difficult to read or understand.
- Want prenatal mailings.
- Want the mailings in another language.
- Recognize the mailings (only those with lower education).
- Shared mailings very often within and outside their household.

- Increased knowledge because of information in a mailing (Hispanic and lower income respondents).
- Changed behavior due to something they read (those with lower income).
- Would be more likely to read the mailings if their doctor talked with them about them or if a family member or trusted friend recommended the mailings (lower income respondents only).
- Would be more likely to read the mailings if they were displayed at their health care provider's office (Hispanic respondents) or if they looked different (Hispanic and lower income respondents).
- Used the Internet less (than those with higher income and education and those who answered the survey in English).

VI. Conclusion/Next Steps

Overall, similar to previous mailed CHILD Profile surveys, respondents to this survey of low-income families were very satisfied with the CHILD Profile mailings. This is the first time CHILD Profile has surveyed only low-income families to assess how the mailings meet their needs. These results will be used to assist in planning the next statewide mailed parent survey, to identify quality improvement opportunities, for internal program decision-making, and to help in the annual revision of the CHILD Profile materials. Please see the Limitations section of the complete report (for some limitations on using the results).