



EVALUATION OF CHILD PROFILE HEALTH PROMOTION MATERIALS

I. Executive Summary

CHILD Profile is a health promotion system and immunization registry aimed at making sure children receive the preventive health care they need. The health promotion system consists of age-specific materials sent statewide at specific intervals to parents of children birth to age six. The materials remind parents about needed immunizations and well-child visits for their children and contain information about parenting, child safety and health. The materials are sent statewide for parents of children born after July 1, 1998 and have been sent to all parents in King and Snohomish counties since January 1, 1993, to all parents in Island and Kittitas counties since Fall 1995, and to targeted populations in eleven other counties since January 1995.

The immunization registry is a tool for providers to look up a patient's immunization history, receive recommendations on a child's needed immunizations and record current immunizations. The registry is being implemented statewide.

The CHILD Profile evaluation team determined the need for regular evaluation of the health promotion materials to ensure the materials help meet the CHILD Profile goals. Specifically, a parent satisfaction survey was developed to address the following questions:

- Do parents receive and recognize the materials?
- Is the information useful, relevant and appropriate for all parents statewide?
- Are parents satisfied with the materials? If not, are there additional types of information that should be included?
- Are there specific materials that should no longer be included?
- Do the materials help serve to change health behaviors or knowledge?

The first series of parent satisfaction surveys were sent in 1996 (See CHILD Profile Parent Survey Results, 1998) to parents of children in specific groups and regions, based on implementation at that time. As a continuous quality improvement activity, the evaluation team determined that parents should be surveyed every two years to ensure satisfaction with the materials. Thus, in 1999, one year after the health promotion materials began statewide dissemination, the next series of parent satisfaction surveys were sent. Three sets of parent surveys were disseminated: The first, to parents of six month olds statewide (n=2,396); the second, to parents of two year olds in Island, King, Kittitas and Snohomish counties (n=1,768); and, the third, to parents of six year olds in King and Snohomish counties after they completed the program (n=1,216). The counties were chosen based on the date of implementation of the materials. After the first mailing was sent, a second mailing was sent to non-respondents and included a one dollar incentive to complete the survey.

The response rate varied by survey, from 44% for the six year survey to 50% for the two year surveys combined. The second mailing nearly doubled the entire response rate, which may have been the result of the one dollar incentive included in that mailing. The analysis demonstrated the following (please note that ranges listed below reflect percentages across all three survey age groups):

- *Recognizability:* Between 83% - 90% of all respondents read the letters they receive; an additional 6%-12% said they saved them to read later.
- *Growth chart receipt:* More than 80% of respondents said they received the growth chart. This percentage increased substantially from the 1996 surveys. This increase is likely due to changing the dissemination process from the birthing facilities to direct mailing. Of those receiving the growth chart,

between 35%-42% said they hung the chart; an additional 25%-31% said while they did not hang, they use it periodically.

- *Understandability:* Between 96%-98% said the information was easy to understand.
- *Usefulness:* More than 82% said the information was useful or very useful. Specifically, the letters and development chart were deemed the most useful. Of those who have received the letters for more than one child, between 87%-91% said they continued to find the materials useful. Of those who said the information was not useful, the majority said it was because they got the information elsewhere.
- *Duration of materials:* Most respondents said the materials should be sent until children reach at least age five. The percentage of respondents who wanted the materials until children were older increased by the age of their children.
- *Additional information to include:* Respondents wanted more information about growth, development and behavior.
- *Receiving information in alternate formats:* Between 15%-24% of all respondents would prefer receiving the information differently, usually citing email or the internet. The new CHILD Profile webpage now includes all the materials.
- *Behavior changes:* Between 61%-72% of all respondents said the immunization information helped them get their child immunized on time.
- *Knowledge changes:* Over 80% of all respondents said the materials answered questions they had about parenting, child health or safety.
- *Community-specific resources:* Between 52% - 67% would like more resource information about their community. There is currently analysis underway to determine the feasibility of providing community-specific information.

Regarding demographic information, further analysis will be completed to compare the representativeness of respondents to non-respondents using survey data and birth certificate data. Please note that the results are also available stratified by county.

Conclusion: It remains difficult to evaluate the impact of health promotion materials on behavior or be able to attribute behavior changes to health promotion materials. However, it is possible to obtain information about self-reported behavior changes, satisfaction and use. Surveying users provides an excellent tool to determine satisfaction with health promotion materials. Feedback from parents also provide ways to ensure materials meet the needs of the intended populations, that the materials are easy to read, and relevant.

The majority of respondents in the CHILD Profile Parent survey found the materials useful and relevant and appear satisfied overall with the materials. Additionally, one may infer that the materials influence positive health behavior changes, based on the responses to the questions about the materials' impact both on reminding parents to get their children immunized and answering parenting, health or safety questions.

The results of this study will be used to examine future policy changes and material changes. Some issues include:

- Until what age should the materials continue?
- The cost-effectiveness of individual materials.
- Should the materials only be provided to first-time parents?

Moreover, the professional team who develop and revise the materials plan to examine the results and make some recommendations about changing the materials to include additional information as suggested in the surveys. Staff also plan to provide analyses to local health jurisdictions regarding the possibility of providing more community-specific information.