



CHILD PROFILE PARENT SURVEY

EXECUTIVE SUMMARY

CHILD Profile is a health promotion and immunization tracking system aimed at increasing preventive health care utilization of children from birth to six years of age. The health promotion component consists of health educational materials sent to parents at various age-specific intervals. These materials provide information about parenting, child safety and health, and remind parents about needed immunizations and well-child visits for their children. The materials have been sent to all parents in King and Snohomish counties since January 1993 and in Island and Kittitas counties since October and November 1995, respectively. Materials have been also sent to targeted populations in eleven other counties in Washington since January 1995. The immunization tracking system, a provider-based immunization registry, is in different phases of implementation in King, Snohomish, Island and Kittitas counties.

A CHILD Profile evaluation plan, developed to help ensure CHILD Profile meets its goals, included the need for a parent satisfaction survey to address the following questions:

- Do parents receive the materials? Is the dissemination process appropriate?
- Do parents find the information useful, understandable, and relevant?
- Are parents satisfied with the materials?

METHODOLOGY: The parent survey was implemented in three stages, linked with the timeframe that materials have been available in each region: 1) The first stage took place in King and Snohomish counties in early 1996. Over eight weeks, we surveyed a random sample of 2,400 parents with children who were six months old at the time of the survey. Two reminders were mailed (the first included a one dollar incentive), followed by telephone calls to non-respondents. 2) The second stage began in July 1996 to all parents of children six months old in Island and Kittitas counties over a six month period (N=513). One reminder was mailed (no incentive was included). 3) The third stage was a one-time survey to parents (N=2,329) in the eleven other Follow-Up counties. Two reminders (the second included a one dollar incentive) were mailed.

In the first two stages, (King, Snohomish, Island and Kittitas), parents should have received three materials by the time they received the survey. In the Follow-Up counties, parents had to have received at least 3 materials, but may have received more.

Birth certificates for respondents and non-respondents in King and Snohomish counties were compared to examine representativeness of the respondents and describe any non-response bias.

RESULTS: The total response rate varied by region, from 34% (Island and Kittitas counties) to 65% (King and Snohomish counties). In the regions where one dollar incentives were used, the response rate in that mailing nearly doubled. The analysis was completed separately for each region because the methodology was considerably different. However, based on the analysis from the surveys, some commonalities can be observed:

- Survey respondents said they were very satisfied with the CHILD Profile materials;

- Over 90% of respondents stated they recognized the materials;
- Three-fourths read the materials, and more than half read all the information in the letters;
- Nearly 95% of those who responded found the information easy to understand; most of those who found the information difficult said it was due to language barriers;
- Over 80% said the information was useful or very useful; for those who considered the information not useful, most said it was because they get their information elsewhere. For specific materials, over 75% found the letters, the development chart (disseminated when the child is 150 days old), and the immunization fact sheet useful or very useful. Respondents found stickers sent to use with the growth chart considerably less useful;
- While few respondents (less than 5% overall) said they depend on CHILD Profile materials for most of their information about their children's health care, the majority who named more than one source of information included the CHILD Profile materials in their answer. This may support the hypothesis that the materials reinforce or supplement information for parents;
- In King and Snohomish counties, where the birth certificate comparisons were completed, there were some demographic differences between respondents and non-respondents. Non-respondents were statistically more likely to have lower education levels, to be younger, of Hispanic ethnicity, unmarried, and to have used Medicaid payment for birth. No differences were found in number of previous births, use of their local health department for services, maternal drinking and/or smoking, low birthweight, or number of prenatal visits. Without surveying non-respondents, it is impossible to know whether or how much responses from non-respondents would affect the results.

CONCLUSION/FUTURE STUDY:

These results suggest that a high percentage of survey respondents receive and are satisfied with the materials and find the materials useful and relevant. (It is, of course, important to bear in mind that total response varied in each region.) It is not clear whether non-respondents would have answered the questions differently or significantly changed the results. Survey comments (about 50% of the returned surveys contained comments) received demonstrate that many parents view the materials as helping to remind them about needed immunizations and well-child visits, as well as providing other helpful parenting information for their children.

This parent satisfaction survey is a continuous quality improvement activity. Two of the three surveys were completed by parents with children who were six months old at the time of the survey. It will be important to survey parents when their children are older to determine satisfaction and relevance of the materials for older children. Thus, we plan to implement this survey periodically to monitor satisfaction over time and with new parents. Moreover, a cost-benefit analysis is underway, which may provide information to guide program modifications. It will also be important to examine whether provision of this health education information has any effect on health status. For example, does the information in the materials reinforce existing knowledge or actually encourage parents to take action in scheduling a well-child check-up or getting a child immunized, based on the health education recommendations and suggestions? It will be important to test these questions in an outcome evaluation to determine the effectiveness of the materials in changing behavior.