Child Profile Health Promotion

Customer Satisfaction Project

2012
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I. Introduction

In 2011, the Child Profile Health Promotion System sent over 1.5 million health and safety mailings to about 470,000 families with kids aged birth to 6 years in Washington State. Child Profile Health Promotion is the state’s immunization and well-child visit reminder system. The mailings include age-specific health and safety, development, and parenting information. Families get a series of 17 mailings that match the American Academy of Pediatrics’ recommended schedule of well-child visits. The goal of the mailings is to help families make informed decisions about their child’s health and safety.

II. Background

Since 1996, Child Profile Health Promotion has done five parent satisfaction surveys to:

- Assess families’ satisfaction with the materials in the mailings.
- Evaluate how relevant and useful the materials are to families.
- Examine knowledge, attitude, and behavior changes that result from the materials.
- Identify families’ needs and make changes and improvements to the materials accordingly.

In 2010, Child Profile Health Promotion did 50 key informant interviews with healthcare providers across the state. The interviews assessed providers’ familiarity, perception, and use of the materials and mailings.


III. Description of Customer Satisfaction Project, 2010-2011

In late 2010 and early 2011, Child Profile Health Promotion began a customer satisfaction project to gather parent feedback. The Child Profile evaluation team developed the methodology and questions to gather data on the materials and mailings based on current research and the Standards for Public Health in Washington State.

Research supports public sector use of the same customer service principles and strategies used in the business world to identify customer perceptions. Customer satisfaction research also shows that customer surveys should be routine and ongoing. Results can spot trends over time and inform program development. Also, data collected from ongoing customer surveys can help improve efficiency and effectiveness.

The Standards for Public Health in Washington State standard 9.1 (Use a performance management system to monitor achievement of organizational objectives), measure 9.1.4, describes the purpose, worth, and practice of applying a systematic process to assess customer satisfaction with health department services. It stresses the importance for a
health department to find ways to capture and analyze customer feedback in order to identify customers’ needs and expectations.

IV. Methodology

In early 2010, Child Profile Health Promotion developed the methodology and questions for a customer satisfaction project. For about four months in late 2010 and early 2011, its mailings included over 400,000 postcards to families asking for feedback. The postcards were sent to families with kids aged six months through six years. The postcards asked four multiple-choice questions about satisfaction and use of the materials and included a spot for comments and suggestions. The questions were also available online and the URL was included on the hard copy postcard. The postcard was sent to English- and Spanish-speaking families. Child Profile Health Promotion got over 10,648 responses (92 percent from English-speaking families and 8 percent from Spanish-speaking families). Most of the respondents completed the postcard (10,393); only 255 answered the questions online.

During data entry, some of the responses from Spanish-speaking families were accidentally included with the English responses. As a result, we compared the known Spanish speakers’ responses (3 percent) to the overall group for the analysis. A small number of responses came in after the online survey closed and are not included in this analysis.

V. Findings/Results

Key Findings from Multiple-Choice Questions

Findings were consistent with past evaluations showing a high use and satisfaction with the Child Profile Health Promotion mailings.

- Overall, 94 percent of respondents said they are “satisfied” or “very satisfied” with the Child Profile Health Promotion mailings. More Spanish-speaking respondents (98 percent) are “satisfied” or “very satisfied” with the mailings.
- Ninety-five percent of respondents read or review the mailings “always” or “most of the time.” This held true for both the overall group of respondents and for Spanish-speaking respondents.
- Ninety-six percent of total respondents and ninety-nine percent of Spanish-speaking respondents “agree” or “strongly agree” that Child Profile Health Promotion mailings give reliable information that they use to keep their child healthy and safe.
- More Spanish-speaking respondents (91 percent) than the overall group of respondents (84 percent) say they share the Child Profile materials with others.
- Seventy-eight percent of the overall respondents and 81 percent of Spanish-speaking respondents share the mailings with their spouse or partner. Nineteen percent of the total respondents share them with their child’s grandparents compared with eleven percent of Spanish-speaking respondents. Overall, 14 percent
of all respondents and 20 percent of Spanish-speaking respondents share the mailings with friends or other relatives. Five and six percent share them with child care providers or babysitters (Spanish-speaking respondents and the total group, respectively).

- Of those who are “satisfied” or “very satisfied” with the mailings, 96 percent read them “always” or “most of the time,” 97 percent find them reliable sources of information, and 97 percent share them with their spouse or partner.

### Key Findings from Comments and Suggestions

All respondents had the chance to answer the open-ended question, “Do you have any comments or suggestions?” Over 4500 English- and Spanish-speaking respondents shared comments. The major themes and trends of these comments are below.

#### Positive Comments

Child Profile Health Promotion got over 2500 general positive comments. They consisted mainly of “thank you” and included statements such as, “All of the information is very good,” “I learn a lot from them,” and “…Child Profile helps us keep on track.”

An additional 350 positive comments were more specific. Almost half said the growth and development charts were helpful.

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**Who Respondents Share Child Profile Materials With 2010-2011**

- **Spouse/Partner:** 78%
- **Grandparents:** 19%
- **Friends/Other Relatives:** 14%
- **Child Care Providers/Babysitters:** 6%
- **Others:** 5%

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**Positive Comments**

- “The information provided is great and very helpful. For busy parents, it’s good to receive these to remind us of what to watch out for over the different phases of our children’s growth and keep us aware of current concerns.”
- “I especially like the development charts and suggested activities for specific developmental levels/ages.”
- “It helps me to remember what and when immunizations are due.”
- “They give great ideas for snacks, breakfast, and dinner.”
- “Thank you for this information it is very helpful as well as receiving it in the mail helps us that don’t have internet access.”
- “I like the big posters with the pictures. We are a bilingual household and it’s helpful to have a visual snapshot with easy to understand words. I love knowing we’re
Other topic areas that got large numbers of specific positive comments (10 to 15 percent) included nutrition and meal ideas, updated information and resources, and immunization tracking.

Other areas mentioned by smaller numbers of respondents included reading suggestions; ideas for play, safety, and reminders; and the mailings’ usefulness for first-time parents.

In addition to the comments on the materials, there were many positive comments about the process or format of the mailings. These included appreciation of the Spanish versions, appreciation of the hard copy versions for people who don’t have computers, and the inclusion of resources (both Web-based and phone).

**Negative Comments**

Child Profile Health Promotion got over 300 negative comments from families. The largest number of negative comments, about 35 percent, was about a perceived waste of money and taxpayer resources for providing hard copy materials.

About 22 percent of the comments mentioned concern over the emphasis on vaccines, some even referring to it as “propaganda.”

Many other respondents mentioned that the information included was “biased,” “redundant,” “too basic,” and “did not work for their family.”

Many of the negative comments also criticized the lack of information on alternative medicine and home remedies.

Other comments referred more to process issues, like the “change of address” information being hard to find and that website resources often did not work.

**Suggestions for Additions and Improvement**

Over 800 respondents offered comments on ways to improve the Child Profile Health Promotion mailings.

About 25 percent asked for more information on:

- Nutrition and food guidelines.
- Updated car seat safety information.
- Help for nursing moms.

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Negative Comments

“Seems like a waste of tax money for most people.”

“I take your flu vaccination and other vaccination info to be biased/skewed in the direction of the companies that make them and the policy and money involved.”

“Customer service for address change was hard to locate.”
• Alternative and complementary medicine.
• Alternatives to immunizations.
• Organic and natural health.
• Simple games and helpful suggestions on how to deal with behavior problems and other disciplinary issues.

Six percent wanted more detailed and advanced materials and references. Six percent wanted more local resources and activities.

Many respondents made other suggestions to improve the Child Profile Health Promotion System process:
• Make the mailings available by e-mail or online (15 percent). They suggested Web links for specific topics.
• Extend the mailings for older kids.
• Include more materials or separate mailings for families with kids with disabilities.
• Provide materials in other languages.
• Send only one mailing to families with twins or other multiple births.
• Put the target age of the materials on the outside of the envelope.
• Remove the child's first name from the envelope.

Some respondents wanted the materials sent more often and for smaller age groupings while others asked that they be sent less often.

Other requests were for coupons, samples, and magnets or stickers.

Several respondents wanted grandparents to get the mailings and some wanted the materials to be targeted to dads.

Several respondents thought healthcare providers should get the materials and that they should be made available in public places.

Other suggestions included improving the formatting:
• Make the information more concise and readable.

Suggestions
“It would save money to email content. Perhaps at first mailing ask about emailing future info. Could also do it more often.”

“For twins send only one mailing per household.”

“Include more info, RE: resources and materials available for developmentally delayed children.”

“I wish you did this for teenagers. Check into it. Thanks a lot.”

“It would be nice to have other languages available for all materials.”

“Would love to see more information on preventative medical treatment, especially homeopathic.”

“I would love to see more nutrition and meal proportion information.”

“More info on learning/education activities to do with Child.”

Other Suggestions
“Some information is the same. Less paper would be better. More condensed.”

“Include an aspiring shot (true) story, a cute baby picture, and a parent’s experience etc.”

“Diaper or pull-up coupons would be nice. Even formula coupons.”

“I would like to see them more often. Maybe even a newsletter every month!”
VI. Discussion/Recommendations

Program Recommendations

The findings of this survey show that over 95 percent of respondents are satisfied with and use the materials included in the mailings. The large amount of positive feedback is consistent with other evaluation efforts over time.

The detailed comments and suggestions offer useful findings. Based on the respondents’ thoughts and opinions, we identified several common themes and trends to inform our continuous quality improvement process. The following recommendations offer a starting point for Child Profile Health Promotion to begin discussing and planning how the findings can inform material review and development, process improvements, and future evaluations.

- Develop and implement an ongoing and periodic customer satisfaction feedback plan. The large number of responses to this survey shows families’ interest in and desire to give feedback on the mailings and materials.
- As existing materials are revised and new materials created, continue to look for ways to incorporate messages or content that address vaccine hesitancy. The respondents who commented negatively about immunizations were vaccine hesitant or concerned about the immunization schedule. Look for ways to incorporate content to address vaccine hesitancy, including using the findings from the Vax Northwest randomized controlled trial of the provider-parent communication strategy and the local “Immunity Community” social norms campaign going on in child care facilities, preschools, and schools.
- Develop new or revise existing materials on child development and nutrition with additional guidelines and interactive tools for families (checklists, meal planning templates, etc.).
- Provide links and resources to more detailed and advanced development and nutrition content. Several respondents mentioned the usefulness of the development charts. While many praised the nutrition, diet, and meal information, many said they would like more information on these subjects.
- Develop content/language that acknowledges parental interest in alternative/complementary medicine and provide information, resources, and links based on good science and credible guidelines.
- During the material review process (for existing and new materials), consider revising content and/or providing more information on:
- Car seat safety.
- Child and family activities.
- Breastfeeding.
- Child behavior and discipline.
- Community and online resources.

Many respondents expressed a need or preference to get the materials by e-mail or online in order to make the process more economical and efficient. Child Profile Health Promotion is working to implement an e-mail distribution system. Offering electronic materials will address the needs of families who want grandparents and other relatives to also get or access the materials and help address some respondents concerns about printing and postage costs.

In addition to the above recommendations, the following comments and suggestions call for consideration as the Child Profile Health Promotion System continues to evolve and resources allow:
- Extend the materials to families with kids older than six years.
- Include more resources for families with kids with disabilities and developmental delays.
- Offer the materials in other languages.
- Include coupons, stickers, and magnets.
- Stop duplicate mailings for parents of twins and other multiple births, and explore automated ways to do this.
- Provide an easier way to opt out and change addresses.
- Consider removing the child’s first name on the envelopes.

VII. Strengths and Limitations

Strengths

This is the first large-scale project using customer service principles and strategies to gather feedback from families who get the Child Profile Health Promotion mailings.

From the 10,648 responses received, over 4500 answered the open-ended question, “Do you have any comments or suggestions?” Based on qualitative methodology, this is an unusually large, rich, and detailed data set to assess customer perspectives and concerns with the mailings and materials.

Using qualitative research methods to code and analyze the responses to the open-ended questions, Child Profile Health Promotion identified trends that will inform program development, improvements, and evaluation planning.
**Limitations**

Specific mailings were selected in which to send the postcard surveys, but no specific sampling method was used. Respondents could complete the survey multiple times, either online or by getting and returning multiple hard copy surveys. Therefore, response rates could not be calculated and the results cannot be generalized to either the total group of recipients of Child Profile Health Promotion mailings or to any of the selected groups who got the materials for kids of specific ages.

As with any mailed survey, selection bias is inherent. People who feel strongly positive or strongly negative are more likely to complete and return the survey. Also, research shows that people with higher income and education levels are more likely to respond to written surveys.

**VIII. Next Steps**

Child Profile Health Promotion will:

- Address the possibility of offering an ongoing and periodic customer satisfaction survey on the Department of Health website.
- Use the findings to inform future evaluation planning.
- Plan and implement activities based on the recommendations.

**References**

