

# Child Profile Health Promotion System Focus Groups Report

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PRR

Prepared by PRR for WASHINGTON STATE DEPARTMENT OF HEALTH





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# EXECUTIVE SUMMARY

In 2012, PRR, a research firm based in Seattle, was selected by the Washington State Department of Health (the department) to evaluate parents' perceptions and opinions of the Child Profile Health Promotion system program and materials. The evaluation findings are intended to inform program development in the following areas:

- Current criteria and practices of parents for seeking child health and safety information.
- Perceptions of the Child Profile Health Promotion System.
- Use of the Child Profile Health Promotion materials, with an emphasis on new parents' use of the materials.
- How the Child Profile materials can be more useful for parents overall, and during well-child visits.
- Feedback on the format and visual appeal of the Child Profile materials.
- Input on the implementation and use of the email option to receive the Child Profile materials.

## ***EVALUATION DESIGN***

The qualitative evaluation was designed to ask a number of questions to identify a range of perceptions and opinions of parents in the following areas:

- Where parents get their child health information and how they determine credibility of that information.
- Do parents trust the department as a source of credible child health and safety information?
- What are parents' perceptions of the Child Profile Health Promotion System?
- What are parents' perceptions of Child Profile materials?
- What other topics would parents like to see in the Child Profile mailings?
- Is information from Child Profile mailings consistent with other sources used by parents?
- Well-child visits.
- What do parents think about the look of the Child Profile materials?
- Email /online options for receiving Child Profile materials.

The moderator guide was developed through an iterative process with members of the Child Profile Oversight team. For the moderator guide and word bubble exercise, please see Appendix A.

PRR used contact lists provided by Child Profile of parents currently receiving Child Profile mailings in either English or Spanish to randomly recruit 12 participants for each English language focus group (expecting 8 to 10 to show), and 14 participants for the Spanish language groups (expecting 8 to 10 to show). For new parent groups, all children had to be between 2-18 months of age and for multi-child parent groups, at least one child had to be 2-18 months old. Each group was conducted for 2 hours, each participant received a stipend, and a light meal was provided.

## KEY FINDINGS

### Overall impressions

Overall, participants were positive about the mailings and showed great interest in the online and email options for the materials. The Spanish language groups reported being especially pleased with the program.

Many in all groups were satisfied with the mailings and would change little, except that they would be interested in extending the program into the teen years.

*“Child Profile needs to know that what they are doing is valuable and important, and they should continue to offer this so that it never ends.”*

*“I wouldn’t change it too much; I’ve enjoyed it, and my wife enjoys it.”*

### Where parents get child health information and how they determine credibility of sources

- Participants get their child health information from a wide range of sources including the doctor, internet searches, websites (such as babycenter.com), their parents, friends with children, parent groups, books and magazines, and Child Profile materials (mostly only mentioned by the Spanish language groups).
- Few mentioned the department and did not consider it a primary source of child health information.
- They determine credibility by looking for consistency among sources, looking for sources recommended to them by their doctors or affiliated with already-credible names like Mayo Clinic.
- All groups considered the department a trusted source of information, but few realized that Child Profile was affiliated with the department and it was not where many would first look for child health and safety information.

### How parents think, feel and what they would tell others about the Child Profile mailings

- Participants thought the mailings were helpful, informative, useful, and worth reading. Many look forward to receiving them.

- Participants felt reassured and comforted by the Child Profile mailings. They are glad to receive them without having to seek out the information. The materials made some feel more confident as parents.
- All groups would tell others to read the materials and that it was good and useful information. They would also recommend using the materials as a way to be reminded of well-child visits.

### Parents' perceptions of Child Profile materials

- All participants were familiar with the materials and considered them credible and consistent with information that they got from other sources.
- Many would like the materials to include a less rigid perspective on certain topics, such as co-sleeping, and emphasize that every child is different.

### Well-child visits

- Many do not receive reminders for their well-child visits, but those that do, usually receive a telephone call, email, or a reminder card at the end of their last appointment.
- Most do not get information prior to their well-child visits and expressed that they would very much like to get information about the next visit prior to the actual visit. Those that do get prior information receive either a personalized printout or a generic one that is not tailored to their child specifically.
- Doctors tend not to mention Child Profile and very few parents bring the materials to well-child visits, although many bring questions they have that may have arisen from reading the materials.

### Parents' opinions of the look of the Child Profile materials

- Most like the amount of information they receive in the introductory packet, but some thought it might be too much information for a first-time parent.



- They like the format and the variety of the pieces in the mailings. They especially like the tracking charts/grids, checklists, and other poster type mailings that they can post for easy reference.
- Some like the illustrations better than the photographs and for others it is just the opposite.
- Some reported that both the photographs and illustrations looked dated; some preferred the illustrations because they were more inclusive and others preferred the photographs because they were more modern and fit the information better.
- Many indicated that the department's logo on the envelope needed to be larger and that the Child Profile website should be more prominent on the envelope.
- The endorsements on the envelope were thought to increase the credibility of the information.

### Email/online options

- Many were not aware that Child Profile materials were available online.
- Many were interested in online information, but also wanted to keep the current mailings as there are things that would be difficult to print (large, multi-fold posters), and not everyone had computers and printing capabilities.
- Almost all were interested in opting-in for email, but there was far less interest in the Spanish language groups for this. Most of those interested in email would like to see a subject line that indicates their child's age but not their name, coupled with something that lets them know where the email originated (e.g., the department or Child Profile). Other subject lines could be "Watch Me Grow" or "Your Child's Health".
- They would like to receive emails as frequently as they currently receive mailings, unless there are important child health related announcements such as recalls and outbreaks.

## RECOMMENDATIONS

Overall, the Child Profile materials are useful and informative to parents. Based on the findings from the focus groups, PRR recommends the following things to improve the materials:

- Increase the size of the department logo on the envelopes to emphasize the link between Child Profile and the department, as many did not know that Child Profile was under the department and this lends the program more credibility.
- Emphasize in the mailings that the mailings are available online and make the website URL more prominent on the envelope. This would be very beneficial since many were not aware that these materials were available online.
- Use SEO (Search Engine Optimization) as a way to get your name up in the search results. Some also mentioned that Child Profile or the department do not appear in search engine queries for child health information.
- Include a letter in the introductory packet to new parents letting them know why they are getting this mailing. Alternatively, letting them know early before the baby is born that they would be receiving the mailing would be helpful, perhaps during their last regular checkup before birth.
- Keep using a good balance of illustrations and photographs. There was a mix of opinions on both these formats and both have positives. For photographs, match the message with what the photograph portrays, as having a photograph that conflicts with the message may be distracting parents from the actual message.
- Consider updating the illustrations. Although some liked the illustrations, some indicated that the illustrations looked dated.
- Place more emphasis on the idea that “every child is different.” The tone of some of the parenting related messages seemed a little harsh and rigid to some parents, especially if the information given was not what they were practicing. Some reported becoming anxious if their child was not doing what they were “supposed” to be doing at various time points.

- Consider presenting safe sleeping alternatives, in addition to what is presented in the materials. A big emphasis in the English language groups was the co-sleeping issue. Many felt that the information presented a one-sided view while emphasizing that if they were co-sleeping, they were doing something wrong and would possibly kill their baby.
- Rephrase the headlines for the injury prevention materials (neon colored pieces). Many felt that they were causing too much alarm with the “headline news teaser type” titles. For example, they did not like “Is your child’s crib safe?”, but would prefer something more general such as “Which Cribs are Not Safe.”
- Develop a checklist to bring to their well-child visits. Such a tool would help them keep track of the questions they may have over time and remind them to go over the questions with their doctor.
- Move forward with the email option. Many like the email option and would like to opt in via an online form on the website or via a postcard that could be included in the introductory packet.
- Consider developing the materials in languages in addition to English and Spanish as a way to expand your reach. Some parents expressed interest in knowing how many languages the materials come in.

# INTRODUCTION

Understanding the experiences, attitudes, beliefs, and preferences of parents who receive the Child Profile Health Promotion mailings is critical to not only the efficacy of the system, but to the system's ultimate mission — Washington's children receiving the preventive health care they need.

In 2012, PRR, a research firm based in Seattle, was selected by the Washington State Department of Health (the department) to evaluate parents' perceptions and opinions of the Child Profile Health Promotion system program and materials. The evaluation findings are intended to inform program development in the following areas:

- Current criteria and practices of parents for seeking child health and safety information.
- Perceptions of the Child Profile Health Promotion System.
- Use of the Child Profile Health Promotion materials, with an emphasis on new parents' use of the materials.
- How the Child Profile materials can be more useful for parents overall, and during well-child visits.
- Feedback on the format and visual appeal of the Child Profile materials.
- Input on the implementation and use of the email option to receive the Child Profile materials.

# METHODOLOGY and SAMPLE DESCRIPTION

We conducted seven focus groups, including two groups in Spanish. A moderator guide was developed by PRR based on the above areas to guide the discussion of the groups. This guide was developed through an iterative process with members of the Child Profile Oversight team. For the moderator guide and word bubble exercise, please see Appendix A.

PRR, in collaboration with Child Profile, developed a focus group recruitment screener designed to identify appropriate participants for each focus group. PRR screened for those who both speak and read in their native language. PRR used contact lists provided by Child Profile of parents currently receiving Child Profile mailings in either English or Spanish. PRR randomly recruited 12 participants for each English language focus group (expecting 8 to 10 to show) and 14 participants for the Spanish language groups (expecting 8 to 10 to show). For new parent groups, all children had to be between 2-18 months of age and of multi-child parent groups, at least one child had to be 2-18 months old. The groups were mostly women of various ages and income levels (there were only two males in all seven groups), and a mix of parents who read at different levels (such as always read, most of the time, and sometimes read). Please see Appendix B for full participant profiles.

In order to encourage attendance, each participant received a \$95 stipend, which included \$20 for childcare and transportation. A light meal was provided at each session and parking was validated for groups held at PRR.

Below is a list of dates and locations for each group.

Date	Name of Group	City	Location
<b>9/10/12</b>	New parent group	Seattle	PRR
<b>9/19/12</b>	Spanish language multi-child parent group	Seattle	El Centro de la Raza
<b>9/20/12</b>	Multi-child parent group	Seattle	PRR
<b>9/24/12</b>	New parent group	Yakima	Children’s Village
<b>9/25/12</b>	Spanish language multi-child parent group	Yakima	Children’s Village
<b>9/25/12</b>	Multi-child parent group	Spokane	Strategic Research Associates
<b>10/4/12</b>	Multi-child parent group	Seattle	PRR

# KEY FINDINGS

## Where do participants get child health information and how do they know it is credible?

All groups reported that they get child health information from a wide variety of sources. Most reported that they get information from physicians and health care providers (including a naturopath), the internet (e.g., Google, babycenter.com, mayoclinic.com), their parents, other parents, moms groups (like PEP [Postpartum Education for Parents] groups), books such as the “What to Expect” series, magazines such as Parent and Parenting, schools (for those with older children), Child Profile (mostly in the Spanish language groups), and parenting blogs. The Spanish language group mentioned additional sources such as the WIC program (Women, Infants and Children), which offers classes, and the Early Head Start program for newborns to three years of age (with a focus on special needs children). Although the department was mentioned by some, most did not consider it a primary source for child health information.

When asked how they determine what information sources are credible, many parents said they relied on consistency between sources in order to judge credibility. Some mentioned that they look for sources that are backed up by research studies or backed by well-known credible sources (e.g., Mayo Clinic), or that their health provider recommends the source.

The overall consensus was that they trusted these information sources as credible because the information derived from them was consistent with their own knowledge and that of others they knew. Importantly, many mentioned that when they encountered inconsistent information, they used their own judgment, parental instinct, and parenting experience to make decisions regarding child health and safety.

## Do participants trust the Washington State Department of Health?

All groups reported that they trusted the department and thought that it was a credible organization. Many did not realize that the Child Profile mailings were affiliated with the the department. In most groups parents indicated that although they consider the department a credible source of information, it was not where they would look first for child health and safety information.

When the moderator probed for interest in a “health literacy guidelines” publication to help participants determine which information sources were credible or not, most groups agreed that it would just be another source for which they would have to determine credibility. Many are happy with the way they go about making decisions on which sources are credible. Nevertheless, the Spanish language groups and the Seattle new parent group expressed greater interest in such a publication, while those in the Yakima new parent group would be interested if the guidelines were tailored to specific topic areas such as child development and toilet training. They also thought it would be helpful to know they would be receiving the mailings before, or soon after, the baby was born, before they became overwhelmed.

## What are parents’ perceptions of the Child Profile Health Promotion System?

Participants in all groups completed a “word bubble” exercise (see Appendix A) in which they were to individually write what they think, feel, and what they would say to others about the Child Profile Health Promotion mailings.

### *What they think*

Overall, participants thought that the mailings were helpful, informative (quick and easy facts), useful, worth reading, and they look forward to receiving them. The Seattle new parent group wished they would get the mailings earlier in order to know what to anticipate for the next well-child visit. They also wanted to know that they would be receiving them soon after the baby was born before they are overwhelmed.

*“Helpful to know what’s coming up in my child’s development.”*

*“Considered reliable by most, but I don’t necessarily agree with all the information.”*

*“I like receiving this kind of information because I am a young mother and there are many things I’m not aware of related to young children; what’s more, I am not very educated.”*

Some expressed that they initially thought it was junk mail, but upon reading more closely discovered that it was not.

A common theme that emerged in the English language groups was the perceived rigidity of the information. Some felt that although it was useful information, sometimes the information seemed one-sided and didn’t offer different perspectives. This led to some parents thinking they were doing something wrong as a parent.

### *What they feel*

*“I feel like there’s a whole group of moms, ‘granola moms,’ who use natural methods especially in the Northwest. These materials don’t cater to this whole demographic.”*

All parents agreed that the mailings made them feel reassured and comforted. They felt glad that they receive the mailings without having to seek out the information on their own. Some reported that the materials made them feel happy and confident as parents. Others reported that they felt anxious if their parenting beliefs differed, or they felt annoyed by the mailings that make it sound as though they are not good parents. A common topic here was co-sleeping, which many parents in these groups practiced. They felt co-sleeping was not supported in the Child Profile mailings, and some even felt it was deemed dangerous in the mailings. Several parents suggested that providing safety guidelines for co-sleepers would be more helpful than using fear-provoking messages.

### *What they would tell others*

*“You should check out these flyers/brochures. They are nice additions and reminders when you get bogged down in everyday life of raising children.”*

Participants would highly recommend that other parents read the materials, but also cautioned that they should use what works for them and their children. All participants reported and stressed the importance of reading the information and that they would tell others that it was good information. They would say that it was a helpful resource, but not comprehensive (could supplement other sources). They would tell others that it was nice to have the information on hand even though you can get it from other sources. They would also recommend using the information as a reminder to set well-child appointments.

*“It gives me a good guideline of what to feed my baby, what dangers to avoid, and what to expect.”*

## **What are parents perceptions of Child Profile materials**



All participants were familiar with what kinds of information Child Profile sends. Many identified individual pieces they remember getting. Immunization information and the posters with tracking grids or checklists were popular among participants. The materials come across as credible and consistent with other information sources, although many participants would like to see more perspectives and a softening of the perceived rigidity in perspectives.

Some participants reported that some pieces cause more fear than needed and have an accusatory tone. For example, the product safety inserts (such as those alerting them to crib and high chair safety) were seen as accusatory. Rather than phrasing “Is your child’s high chair safe”, participants suggested a rephrase such as “Child High Chair Safety” and then providing a recall list.

*“It’s more hardcore—as in you do this, or bad things will happen.”*

### **What other topics would parents like to see in the Child Profile mailings?**

When asked what other topics they would like to see in the Child Profile mailings, many expressed that they would like the program to continue into the teen years. Along the same themes of offering alternative perspectives and an increase in the emphasis that “every child is different”, parents would like to see topics such as alternatives to vaccinations, information tailored to dads, poison information, behavioral, and discipline information. The Spanish language groups would like to see information on bilingualism while raising children, and some in the Yakima Spanish language group would like to see more information on raising children with special needs. In the second Seattle multi-child parent group, as well as the Yakima Spanish language group, some parents were interested in the topic of how and when it is appropriate to talk to children about sex and body safety.

In both the Yakima and Seattle, new parent groups, parents expressed interest in making use of QR codes that would take them to the website or that would lead them to more information sources about a particular topic in the mailings. New parents were very interested in additional resources for new moms and caregivers, seasonal activities for children, babysitting information, and how to structure activities for their children.

### **Is information from Child Profile mailings consistent with other sources?**

*“They [Child Profile] advise and list the exact due dates for our child’s vaccinations, something that our own doctors don’t do. With our doctors, we have to be the ones to check in.”*

Participants reported that the information they receive from Child Profile is consistent with the information they get from other sources and when it is not, they go by their own judgment and opinions of those they value and respect (a doctor, parents or friends). The Spanish language groups also reported getting consistent information across all sources. One participant in the Seattle Spanish language group reported that Child Profile mailings are a little bit ahead of their doctor by providing due dates for the child’s vaccinations. Those in the Yakima Spanish language group reported that they did not receive conflicting information from Child Profile, adding “We would not be so confident nor would we be here if the information was not consistent.”

### **Well-child visits**

Some participants reported not receiving any reminders prior to their well-child visits. Others reported that they received a card with their next appointment date during their last appointment, while others get a reminder call or email about their next appointment. Some participants self-schedule by setting themselves reminders on their personal calendars. Many in the Spanish language groups receive reminders by phone from their health care provider.

Most participants did not get any information prior to their well-child visits from the doctor or health insurance provider. Some got information after their well-child visit on what to expect in the near future regarding child development, which may be personal and tailored to their child, or it may be standard information that applies to most children of a particular age. Participants would like to get information before their well-child visits on what to expect during the visit. Some voiced not knowing that their child was going to be vaccinated and were not prepared for their child’s reaction during the visit.

During their visits, doctors generally do not mention the Child Profile materials and very few parents bring the materials to the well-child visits. Nevertheless, many bring in questions they may have as a result of reading the

Child Profile materials. The Seattle new parents group expressed concern that it was just too cumbersome to bring the materials to the well-child visits and that they would be more likely to bring in a list of questions.

*“I’d be more likely to put a list on my phone than bring the mailings.”*

Many of the groups liked the idea of a checklist to bring to their well-child visits. It would help them keep track of the questions they may have over time and remind them to go over the questions with their doctor. When probed on how to structure the checklist, some suggested physical milestones, behavioral information for different ages, socialization, and discipline. The list might serve as talking points for parents to help bring up issues with their doctor. The Seattle new parent group was very interested in a checklist on a mobile app.

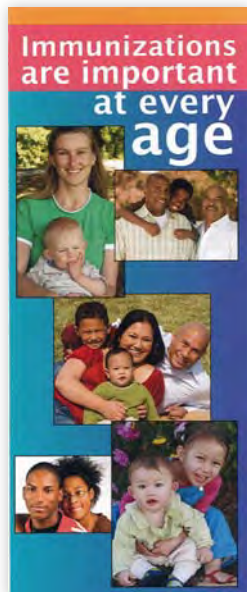
*“This would help keep track of my child’s development and know when we’re not hitting milestones if I should be worried.”*

## The look of the Child Profile materials

Most participants liked the amount of information they received. The Seattle new parent and the Spokane multi-child parent group said that the introductory packet may be too much for a first time mailing and some suggested condensing it into a booklet. Also in the Seattle new parent group, many indicated that they read the letters while nursing and the format of some of the materials (folded pamphlets) was not conducive to this. This was not an issue among other groups who reported reading the information when they first get it, or when the children are already in bed.

All groups liked the poster type mailings that could be easily posted for reference. Many also liked the neon colored pieces as that drew their attention to the important information on them. Many liked the colors and the variety of formats for the materials and that they can choose which information to pay attention to. Some focus on the single bright colored inserts and others focus on the glossy thicker pieces.

In terms of illustrations compared to photographs of actual people, there was a mix of opinions. Some liked the photographs because they seemed more modern and fit the information well (e.g., the girl looked sick on the



chickenpox piece). Some liked the illustrations, as they seemed more inclusive and relatable. Some didn't like the illustrations because they looked dated, and in other cases, some considered some photographs dated as well. For some, the photographs were seen as a distraction from the information, while others were drawn to the information because of the cute photographs.

One issue that came up was to use photographs that were consistent with the message. In other words, those who liked the photographs would like them to portray a similar message as the information on the pamphlet.

*"Don't have a cute smiling baby when talking about pertussis."*

*"This looks like junk mail to me."*

*"I'm a big fan of purple."*

*"I like the pattern on the envelope."*

*"I like that it tells me what's inside."*

There were some strong reactions to the introductory packet's envelope design. The Seattle new parent group did not like the envelope and thought it did not seem professional due to the child-like artwork on the front. Others liked the envelope and reported that many of the envelopes used for mailings were larger than typical junk mail and that the color of the band and the artwork printed on it triggers that it is from Child Profile. Many also liked that the envelope is addressed to "parents of \_\_\_\_\_".

When asked what they would do to improve the envelopes, most participants indicated that the department's logo should be larger on the envelope so that people know that it comes from the state. Many did not know that Child Profile and the department were connected at all. Some liked the endorsements on the back of the envelope because it adds credibility to the mailing and suggested the endorsements should be emphasized more. However, some did not notice them until it was mentioned.

## Email/online option

Most participants were not aware that the materials were available online. Some participants pointed out that when doing Google searches, the Child Profile website never came up and suggested Child Profile increase their visibility online (through search engine optimization). They also suggested calling out the program's website more on the mailings. Many in the Seattle new parent group reported that their partners would likely read the materials more had they known they were available online.

Although most seemed to be technologically savvy and wanted information available online, they still wanted to keep the hard copy mailings because they were easier to refer back to and many reported not having printing capabilities to print tracking grids and checklists. Some only want to receive the mailings, as they did not spend much time on the internet. Few wanted to opt out of receiving the mailings in favor of accessing the information online.

Almost all in the English language groups were interested in an email option in addition to receiving mailings, as some materials (such as the tracking grids) may be hard to print. There was no interest for email in the Seattle Spanish language group, and very little interest in the Yakima Spanish language group.

When asked what the email subject line should be, many suggested the department or Child Profile along with their child's age. Most did not want their child's name in the subject line and in the Seattle new parent group, they felt that this was "too big brother" and worried about their email being hacked. Others had no concerns over privacy of email, as they expressed it's not any more secure than your personal mailbox. Some in the Yakima Spanish language group were comfortable with their child's name being in the subject line stating that they would be sure to read it if their child's name was in the subject line. Some suggested "Watch me grow" and their child's age as the subject of the email. Other suggestions included "Your Child's Health" and the age of the child or "Today your child is x-months old".

When asked how they would like to sign up for the email option, many parents said they would fill out an online form or postcard. Few would sign up by text message.

Most parents would like to receive the emails about as frequently as they get the

mailings, unless there were important medical or recall notices. Many parents agreed that receiving the mailings weekly would be too frequent. Most were agreeable to receiving them once a month.

# RECOMMENDATIONS

Overall, the Child Profile materials are useful and informative to parents. Based on the findings from the focus groups, we recommend the following things to improve the materials:

- Increase the size of the department logo on the envelopes to emphasize the link between Child Profile and the department, as many did not know that Child Profile was under the department and this lends the program more credibility.
- Emphasize in the mailings that the mailings are available online and make the website URL more prominent on the envelope. This would be very beneficial since many were not aware that these materials were available online.
- Use SEO (Search Engine Optimization) as a way to get your name up in the search results. Some also mentioned that Child Profile or the department do not appear in search engine queries for child health information.
- Include a letter in the introductory packet to new parents letting them know why they are getting this mailing. Alternatively, letting them know early before the baby is born that they would be receiving the mailing would be helpful, perhaps during their last regular checkup before birth.
- Keep using a good balance of illustrations and photographs. There was a mix of opinions on both these formats and both have positives. For photographs, match the message with what the photograph portrays, as having a photograph that conflicts with the message may be distracting parents from the actual message.
- Consider updating the illustrations. Although some liked the illustrations, some indicated that the illustrations looked dated.
- Place more emphasis on the idea that “every child is different.” The tone of some of the parenting related messages seemed a little harsh and rigid to some parents, especially if the information given was not what they were practicing. Some reported becoming anxious if their child was not doing what they were “supposed” to be doing at various time points.

- Consider presenting safe sleeping alternatives, in addition to what is presented in the materials. A big emphasis in the English language groups was the co-sleeping issue. Many felt that the information presented a one-sided view while emphasizing that if they were co-sleeping, they were doing something wrong and would possibly kill their baby.
- Rephrase the headlines for the injury prevention materials (neon colored pieces). Many felt that they were causing too much alarm with the “headline news teaser type” titles. For example, they did not like “Is your child’s crib safe?”, but would prefer something more general such as “Which Cribs are Not Safe.”
- Develop a checklist to bring to their well-child visits. Such a tool would help them keep track of the questions they may have over time and remind them to go over the questions with their doctor.
- Move forward with the email option. Many like the email option and would like to opt in via an online form on the website or via a postcard that could be included in the introductory packet.
- Consider developing the materials in languages in addition to English and Spanish as a way to expand your reach. Some parents expressed interest in knowing how many languages the materials come in.



# APPENDIX A: MODERATOR GUIDE

## A. Introduction/Warm Up (7 minutes)

- [Moderator introduces herself/himself.]
- [Explain:] A focus group is a group discussion where we can learn more in-depth about peoples' ideas and opinions (compared to telephone or written surveys).
- My job is to facilitate the discussion and make sure that everyone has an opportunity to speak.
- Housekeeping – Toilets and refreshments.
- [Mention ground rules.]
  - There are no right or wrong answers; we're interested in your honest and candid opinions and ideas.
  - Our discussion is totally anonymous. We will not use your names in any report.
  - Our discussion today is being recorded. These recordings allow us to write a more complete report, and to make sure we accurately reflect your opinions. However, please only speak one at a time, so that the recorder can pick up all your comments.
  - That is a one-way mirror behind me and a couple of my colleagues are observing our discussion
  - It is important to tell us YOUR thoughts, not what you think others will think, or what you think others want to hear.
  - Please turn off cell phones
  - Your stipend will be provided as you leave.
  - Relax and enjoy

- Very generally, we're going to spend our time today talking about the Child Profile Health Promotion mailings. Any questions about the purpose of our focus group or the ground rules before we begin?

I'd like you each to introduce yourselves. Please tell us:

- Your first name
- Where you live
- How many children do you have? (Don't ask this question for the first-time parents)
- What are your children's ages?

**OK, we'll start off very general and then we'll get more specific.**

**B. Where Do You Get Child Health Information  
(10 minutes) DO NOT SPEND TOO MUCH TIME ON  
THIS**

1. How do you currently get information about child health? What sources do you use? Which sources do you trust the most? Why is that? How do you decide if the information is credible or not? (Probe on use of information on the Internet – is it credible? How do they know if it is?) Do you ask your child's medical provider for reliable sources of child health information? Why or why not?
2. What do you think of the Washington State Department of Health? Do you trust the information that comes from the health department? Why or why not?
3. Would information on how to decide what is reliable child information be useful to you? This is sometimes called "health literacy guidelines," which would give you a list of things to be aware of and help you make an informed and accurate decision on what information is credible.

## C. Perception of Child Profile Health Promotion (15 Minutes)

**Now let's focus a bit more on the Child Profile Health Promotion mailings.**

4. [Provide participants with Word Bubbles form] Ask them to individually write down what they think, what they feel, and what they would say to someone else about the Child Profile Health Promotion mailings. (Max 5 minutes to do this).

Then open up to discussion and write common themes on flip-chart and summarize common themes.

5. What types of materials does Child Profile send? Does everyone know what these look like (show examples of materials)? How credible do you think the information in the Child Profile mailings is? Why is that?
6. If information on only one new topic area could be included in the Child Profile mailings what should that topic area be?

## D. How Do You Use the Child Profile Materials (40 minutes)

**Now we'd like to know more about how you use the Child Profile materials.**

7. If your child has other caregivers (grandparents, child care providers, babysitters), do you share the information from the Child Profile mailings with your child's other caregivers? Why or why not? If yes, how do you do that? How receptive are your child's caregivers to the information that you share with them? **DO NOT SPEND TOO MUCH TIME ON THIS**
8. You mentioned earlier that you get information about child health from other sources, including \_\_\_\_\_. Is that information consistent with what you get in the Child Profile mailings? If not, how is it different? What do you do when the information is inconsistent?

**Okay, now let me go back to see if the observers have any questions for you before we move on.**

**Let's talk now about well-child visits with your child's doctor.**

9. How are you reminded to schedule well-child visits? (Probe on your medical provider, other ways – then probe on which they prefer and why.)
10. Does your child's doctor or your insurance company send any information about child health in advance of your well-child visits? By email or regular mail? Do they send any information as a follow-up to well-child visits? If yes, what do they send and how? Is this information helpful? If they do not send information, do you wish they would send such information? Why or why not? What would you want them to send?
11. What type of information about child health do you get at the well-child visits? [Moderator to list on flip chart.] Is there information that you do not get that you would like to get? What would that be? [Moderator to list on flip chart.] Why is that information important to get?]
12. Has your doctor talked to you about the Child Profile materials? If the doctor did talk to you about the materials would that encourage you to read them?
13. Do you use the information from Child Profile with your child's doctor at well-child visits? How? (Bring in the letter? Take notes? Remember questions to ask your doctor?) Why or why not? (Probe on sharing info with doctor and bringing the materials to the visit.)
14. Is your doctor familiar with the Child Profile materials? Are they receptive to you bringing that information to the well-child visit? Why do you think that is?
15. How do you think you could use the Child Profile materials even more effectively during well-child visits? (Listen for and then probe on – checklist with sections for questions to ask, symptoms to discuss, a note section to use during the visit.)

## E. Look of the Child Profile Materials (20 minutes)

**Now let's talk about the look of the Child Profile materials. Not the content, but how they look. [Have copies of all materials available and show as needed.]**

16. When you first start getting mailings from Child Profile you receive an introductory packet. What do you think about this introductory packet? What about the number of items in the introductory packet? [Have a copy of the introductory packet to show.]
17. There are a wide variety of formats that the Child Profile materials come in -- letter size, brochures, posters, etc. Do any of these formats work better for you than others? Why is that?
18. Any suggestions for improving the format or look of the Child Profile materials? (Probe on why these suggestions would improve the usability and look and feel of the materials)
19. Let's focus on the graphics and photos in the materials. I'm going to show you some examples and as I do let's talk about which one's you prefer and why. (Listen for and probe on cultural relevance, up to date, easy to understand, compelling, etc.)
20. What do you think about the envelopes that the Child Profile mailings come in? [Show copy of the envelope.] Any suggestions for improving the envelopes? Why or why not? We're trying to figure out what may make people open the envelope or throw it out. (Probe about professional look vs. this look? Whether endorsements aid the trustworthiness.)

## F. E-Mail Option (10 minutes)

21. What types of information (if any) do you get by e-mail that works for you? Why does that work for you? Do you get any child health information by e-mail from your insurance company or healthcare provider? Does that work for you?
22. Did you know the Child Profile materials are also available online? Do you use the online versions of the materials? Why or why not?
23. Individually, please write on your pad whether you would prefer getting e-mails from Child Profile (with links to webpages on child health and safety information) in addition to or instead of hard copy mailings? (Moderator tallies and then probes on why is that?)

24. How would you prefer to sign up to get emails?

- Online form
- Through text message
- Other ways?

25. If Child Profile did e-mail you, what should the subject line say? Is the subject line important? If so, why?

26. How personalized should the e-mails be? For example, should it reference your child's name and age? Should it refer to your name? Is that important? Why or why not? (Probe for privacy concerns.)

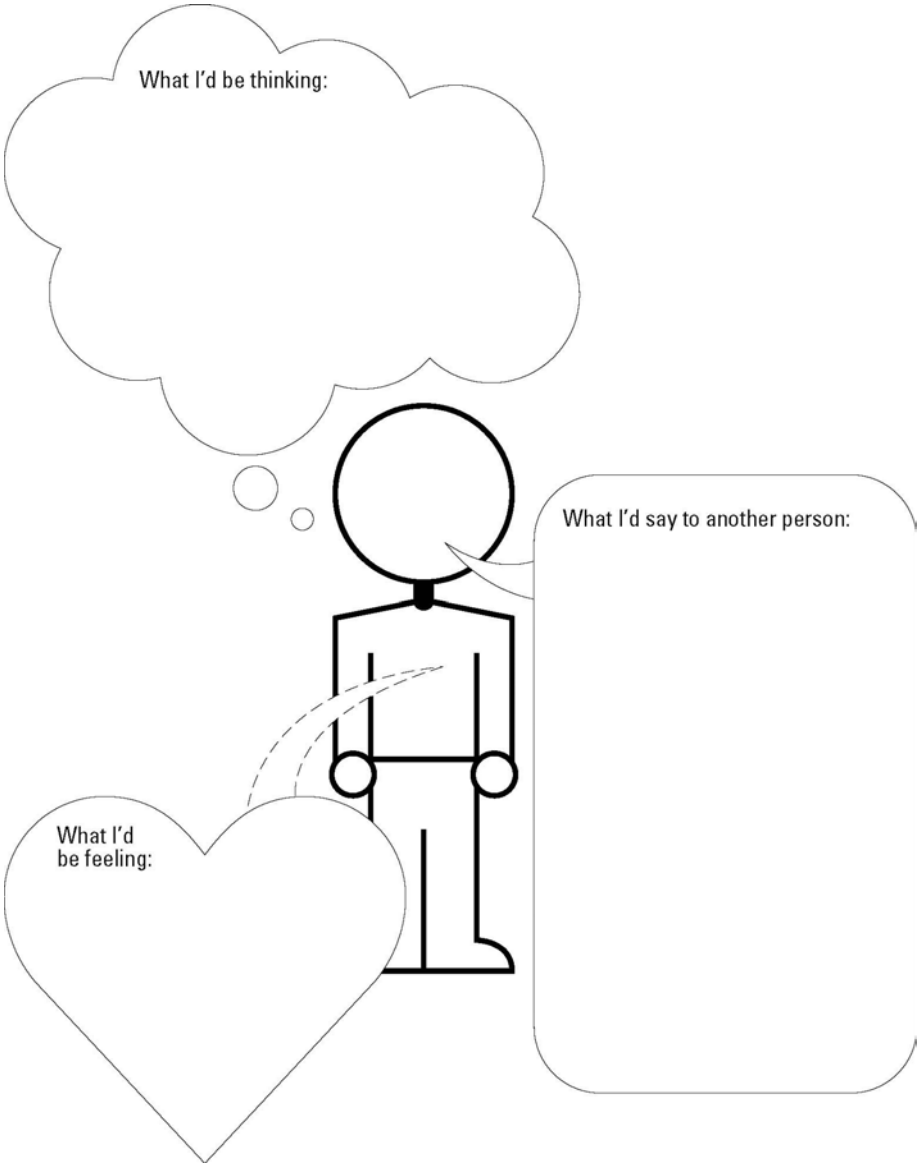
27. How often would you like to get e-mails from Child Profile? What would you consider to be too often or not often enough?

**Okay, now let me go back to see if the observers have any final questions for you.**

### **G. Wrap Up (3 minutes)**

28. Now that we've completed our discussion, is there anything that particularly stands out for you? Anything that you'd like the folks behind Child Profile to know or consider about your experience with the mailings? Any other thoughts or comments?

**Word Bubble Exercise**



**Child Profile Health Promotion Mailings**

# APPENDIX B: PARTICIPANT PROFILES

## *Seattle new parent group*

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	English	New Parent	Some of the time	30-34	Some college/ 2 yr. college	White	Less than \$30K	Female
2	English	New Parent	All of the time	25-29	Some college/ 2 yr. college	American Indian	Less than \$30K	Female
3	English	New Parent	All of the time	25-29	4 year college grad	White	\$75K - \$99K	Female
4	English	New Parent	All of the time	30-34	High School grad	White	\$30K - \$49K	Female
5	English	New Parent	All of the time	30-34	Post grad work	White	\$125K - \$149K	Female
6	English	New Parent	All of the time	30-34	4 year college grad	White	\$75K - \$99K	Female
7	English	New Parent	All of the time	40-44	Some high school	White	\$30K - \$49K	Female
8	English	New Parent	Some of the time	30-34	Some college/ 2 yr. college	White	\$30K - \$49K	Female



## Seattle Spanish language multi-child parent group

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	Spanish	New Parent	All of the time	35-39	Post grad work	Hispanic	\$75K - \$99K	Female
2	Spanish	New Parent	Most of the time	30-34	Some High School	Hispanic	Less than \$30K	Female
3	Spanish	New Parent	Most of the time	30-34	Post grad work	Mixed	\$75K - \$99K	Male
4	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	25-29	High School Graduate	Hispanic	30k-49k	Female
5	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	25-29	4 year college graduate	Hispanic	Less than \$30K	Female
6	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	25-29	4 year college graduate	Hispanic	Less than \$30K	Female
7	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	30-34	High School Graduate	Hispanic	30k-49k	Female
8	Spanish	New Parent	All of the time	35-39	High School Graduate	Hispanic	\$50K-\$74K	Female

## Seattle multi-child parent group 1

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	30-34	4 year college grad	White	\$50K - \$74K	Male
2	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	25-29	4 year college grad	White	Less than \$30K	Female
3	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Some of the time	35-39	4 year college grad	Asian	\$75K - \$99K	Female
4	English	Parent w/ a child between 2 - 18 mos.	All of the time	30-34	4 year college graduate	White	\$50K- \$74K	Female
5	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Some of the time	25-29	Voc/Tech School	Black	Less than \$30K	Female
6	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	30-34	4 year college grad	White	\$125K - \$149K	Female
7	English	Parent w/ a child between 2 - 18 mos.	Most of the time	35-39	High School Graduate	White	Less than 30K	Female
8	English	Parent w/ a child between 2 - 18 mos.	All of the time	35-39	4 year college graduate	White	125k-150k	Female

## *Yakima new parent group*

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	English	New Parent	All of the time	30-34	Post grad work	White	\$30K - \$49K	Female
2	English	New Parent	All of the time	25-29	Some College	White	\$50K-\$74K	Female
3	English	New Parent	All of the time	35-39	Post grad work	White	\$30K - \$49K	Female
4	English	New Parent	All of the time	18-24	Some College	Hispanic	Less than \$30K	Female
5	English	New Parent	All of the time	18-24	High School grad	White	Less than \$30K	Female
6	English	New Parent	All of the time	35-39	Post grad work	White	\$150K or more	Female
7	English	New Parent	All of the time	18-24	Vocational/ Technical School	White	Less than \$30K	Female
8	English	New Parent	All of the time	35-39	4 year college grad	White	\$50K-\$74K	Female

## *Yakima Spanish language multi-child parent group*

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	30-34	High School grad	Hispanic	\$30K - \$49K	Female
2	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	18	Some high school	Hispanic	Less than \$30K	Female
3	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	30-34	High School grad	Hispanic	Less than \$30K	Female
4	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	35-39	Grade school or less	Hispanic	Less than \$30K	Female
5	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	25-29	High School grad	Hispanic	\$30K - \$49K	Female
6	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	30-34	4 year college	Hispanic	Less than \$30K	Female
7	Spanish	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	30-34	Some high school	Hispanic	Less than \$30K	Female
8	Spanish	New Parent	All of the time	25-29	Some high school	Hispanic	\$30K - \$49K	Female

## Spokane multi-child parent group

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Some of the time	25-29	Voc/Tech School	White	\$30K - \$49K	Female
2	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	30-34	4 year college grad	White	\$30K - \$49K	Female
3	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Some of the time	30-34	Some college/2 yr. college	White	\$75K - \$99K	Female
4	English	Parent w/ 2 - 18 mos. & 1-2 other kids	Most of the time	30-34	Some college/2 yr. college	White	\$50K - \$74K	Female
5	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	25-29	Some college/2 yr. college	White	\$50K - \$74K	Female
6	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	25-29	Voc/Tech School	White	\$50-74k	Female
7	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	35-39	4 year college grad	White	\$30K - \$49K	Female
8	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	30-34	4 year college grad	White	\$100-\$124K	Female

## Seattle multi-child parent group 2

	Native language	Parenting situation	How often does someone in your household read the materials in the Child Profile Health Promotion mailings?	Age	Education	Race	Income	Gender
1	English	Parent w/ a child between 2 and 18 mos.	All of the time	35-39	4 year college graduate	Asian	\$75K-\$99K	Female
2	English	Parent w/ a child between 2 and 18 mos.	Most of the time	40-44	4 year college graduate	White	150K or more	Female
3	English	Parent w/ a child between 2 and 18 mos.	All of the time	30-34	Post Graduate Work	White	30k-49k	Female
4	English	Parent w/ a child between 2 and 18 mos.	All of the time	35-39	Post Graduate Work	White	50k-74k	Female
5	English	Parent w/ 2 - 18 mos. & 1-2 other kids	All of the time	35-39	Post grad work	White	\$125K - \$149K	Female
6	English	Parent w/ a child between 2 and 18 mos.	All of the time	35-39	Post Graduate Work	White	150K or more	Female
7	English	Parent w/ a child between 2 and 18 mos.	Most of the time	30-34	4 year college graduate	Asian	50k-74k	Female
8	English	Parent w/ a child between 2 and 18 mos.	All of the time	35-39	4 year college graduate	White	Less than \$30k	Female





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