

**Child Health Note Project Evaluation
Summary of Phone Interviews with Current CHN Users
November-December 2004**

County	Contact	How Using the CHNs	Why Using the CHNs	Benefits of Using the CHNs	Suggestions for Evaluation
Adams	Callie Moore (509) 659-331 moore_c@co.adams.wa.us	<ul style="list-style-type: none"> ▪ Direct mail to PCPs and child care providers; mail in an envelope ▪ Distribute CHNs 4x/year ▪ Post on the LHJ website ▪ Time the distribution and topic with an upcoming continuing ed opportunity or other community announcement (i.e. availability of a new vision screening device at the LHJ). May include an attachment with further information/announcement about the upcoming training. ▪ Use the bottom 1/3 on back page to write a note to the recipients – request that provider talk with the family if they have a concern or to call Callie if they have questions ▪ Callie has printed off the list of CHN topics currently available; she notes the date she has sent out a particular topic, and resends a topic if it has been updated. 	<ul style="list-style-type: none"> ▪ “Because we think that there are kids with possible problems in child care, and this is a way of getting to those kids.” ▪ “We are making ourselves known to PCPs and child care providers with each CHN we send out.” 	<ul style="list-style-type: none"> ▪ Increases PCP and child care provider knowledge on topics about CSHCN ▪ Increases PCP and child care provider awareness of local community and regional resources. ▪ Increase the communication between members of the Adams Co medical home team. ▪ Callie knows that the physician assistant and the pediatrician (only one in county) like the CHNs. Has less information from the family practitioners who receive the CHNs. <p>The following benefits are identified in the logic model, but Callie does not have a measure of these for her county, and is not sure if the CHNs are making an impact on these in Adams County:</p> <ul style="list-style-type: none"> ▪ Increase family knowledge; they do not directly distribute to families. ▪ Improve early identification; never had someone state that the reason for their referral to Callie was due to receiving a CHN ▪ Increase timeliness of referral 	<p>Things to consider measuring:</p> <ul style="list-style-type: none"> ▪ Are they getting the CHNs? ▪ Are they reading the CHNs? ▪ Are they helpful? Have they used the referral information in the CHN? <p>Suggests that an evaluation be conducted verbally and not in writing. Consider talking with CHN recipients at a regularly scheduled meeting. Or send an announcement to the office managers indicating a plan to call in 2 weeks to discuss the CHNs. The office manager can get information from the physicians and staff at an office meeting and be prepared to respond to survey questions by phone at a scheduled time.</p>

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Benton-Franklin	Rae Scott (509) 586-0207 RaeS@bfhd.wa.gov	<ul style="list-style-type: none"> ▪ Distribute 6 CHNs/year ▪ Personally delivers the CHNs to 45 PCP offices; makes these deliveries in coordination with the distribution of immunizations ▪ Mails copies to FRCs and ECEAP program in Kennewick SD ▪ Also hand-delivers about 150 additional copies (meetings, and other encounters) ▪ Rae states that personally handing out the CHN is a good distribution method as it allows for dialogue, placing a “face” with the CSHCN program, and in some cases a PCP office has “saved” a question to ask Rae when she makes her visit to the office. 	<ul style="list-style-type: none"> ▪ Remind PCPs and others about the CSHCN program and their resources. “The office of CYSHCN is an incredible resource – a lot of people don’t recognize that.” 	<p>This question was not directly addressed in this phone interview. However, Rae is a huge fan of the CHNs and wants more topics. She also stated that she wished she could distribute them more frequently than 6 times/year.</p> <p>Rae states that the CHNs are “very well-received” by health providers and she thinks that these providers are using the CHNs. She personally thinks that the CHNs are “excellent”.</p>	<ul style="list-style-type: none"> ▪ Rae does not specifically desire to have an evaluation completed, would prefer to have additional CHN topics. ▪ Identified the following two questions as likely to be useful information: <ul style="list-style-type: none"> - Do you find the CHNs useful? - Is the information something you can use?
Island	Melinda Kurtz (360) 679-7351 Ext. 5579 MelindaK@co.island.wa.us	<ul style="list-style-type: none"> ▪ Distributes by email on a monthly basis ▪ Recipients include: PCPs, child care providers, and five parents who have requested to receive the CHNs. ▪ The B-to-3 center prints off hard copies and places a stack of them on their front counter. ▪ Distribute printed copies at the ICC meetings (9x/year) 	<ul style="list-style-type: none"> ▪ “Because the CHNs have good information and because we want to decrease the referral time to early intervention.” (Improve timeliness of referrals). ▪ Melinda wants more topics – she sends the CHNs out frequently and needs more! 	<ul style="list-style-type: none"> ▪ Increases PCP and child care provider knowledge on topics about CSHCN ▪ Increases PCP and child care provider awareness of local community and regional resources. ▪ Increases awareness of available parent support programs because they use the bottom 1/3 of the back page to advertise support groups, community groups, or classes. (Example – announce the upcoming Father’s Network meeting) ▪ Melissa reports that the CHNs are well-received in Island County 	<p>Things to consider measuring:</p> <ul style="list-style-type: none"> ▪ Do people read the CHNs? ▪ Do they know who to contact with a referral? ▪ Do they know whom to call if they have a question re. information in the CHN? ▪ Do they know who to call if they would like a CHN or have a suggestion for a topic? ▪ What topics would you (recipients) like to see?

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Kittitas	Elizabeth Whitaker (509) 962-7023 elizabethw@co.kittitas.wa.us	<ul style="list-style-type: none"> ▪ Started using the CHNs in 2003 ▪ Mail a CHN monthly along with the health department newsletter; distributed to PCPs ▪ Conducted a creative project with the CHNs in Fall 2003, funded by extra MHLN money. Created 11 notebooks of printed copies of all of the CHN topics available on the CHN website at the time. CHNs were printed on cardstock paper. Also included local resource information in the notebook. Placed the notebooks in PCP 7 medical offices (pediatrician and family practice), LHJ waiting area, DSHS office, the Head Start office, and a local community action council that awards community block grants (Hope Source). Also a couple of notebooks distributed to a medical practice and Hope Source office in 'Upper County' – the Cle Elum area. 	<ul style="list-style-type: none"> ▪ Increase physician awareness of resources – particularly the CSHCN Coordinator and FRCs. ▪ Create awareness of recommendations for action. There are physicians who note a concern in the child's chart and take a "wait and see" approach. 	<ul style="list-style-type: none"> ▪ Does not currently have any clear measurement of the effectiveness of CHN use in their county. Gets feedback from the MHLN team that they like the CHNs (the team assists in selecting the topic for distribution). ▪ Have not specifically noted an increase in early intervention referrals as a result of the CHNs. 	<ul style="list-style-type: none"> ▪ Would like to be to measure if there is an increase in EI referrals that can be attributed to use of CHNs. ▪ Would like to increase parent awareness of developmental screening and early intervention; current CHN recipients are PCPs only.

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Lincoln	Sherri Bartlett (509) 725 – 9213 Ext. 31 sbartlett@co.lincoln.wa.us	<ul style="list-style-type: none"> ▪ Began using the CHNs about 2-21/2 years ago ▪ Distribute 4 CHNs per year ▪ Hand deliver to the physician offices and all recipients. PMDs are family practice and one surgeon. Others include: child care providers, ICC members (attending the meeting), and the public health nurses in the county. 	<ul style="list-style-type: none"> ▪ Tool to build relationships with PMDs ▪ Keep the information about the CSHCN office in their minds including contact information for the CSHCN coordinator and FRC ▪ There is some community sentiment that some of the PMDs are not “up to snuff”, several providers are older and have been practice a long time. The CHNs offer an opportunity to provide current information on certain topics pertinent to CSHCNs. Recently there have been a couple of new (younger) PMDs move into the area – these providers seem to be infusing some new energy and updated office practices. 	<ul style="list-style-type: none"> ▪ Very helpful ▪ Provides important information for the PMDs and for myself as well ▪ Have been working hard to establish a relationship/recognition by their PMD; CHNs are a useful tool for communication. ▪ Very helpful to have someone else do the research to identify and synthesize important information. Sherri states that she would never have the time or ability to develop the content for a CHN on her own, and appreciates having a resource that is ready to use. It is a real time-saver! ▪ Appreciates the fact that the county is allowed to customize the CHN to add local resource information. ▪ Currently finds the breadth of topics adequate and appreciated the reminder that like to receive topic suggestions ▪ Have not received any direct feedback from the readership – but on occasion have gotten a follow-up phone call from a provider. (For example a provider asking for assistance securing the new growth charts and a process for using them in their office charting system.) ▪ Have not seen any particular increase in referral of CSHCN children and families to the LHJ for services. 	<ul style="list-style-type: none"> ▪ Although currently have little information regarding the opinions of their readership (have a sense that the PMDs read the CHNs, but don’t know how well) – Sherri does not feel that to survey the PMDs would be a useful approach.

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Snohomish	Anne Mitchell (360) 339-5230 amitchell@shd.snohomish.wa.gov	<ul style="list-style-type: none"> ▪ Distribute 4-6 CHNs per year by direct mailing. ▪ CHNs formatted at the LHJ and sent to Infant Toddler Program (ITP) for review and addition of other resources. ▪ Printed on different colored paper each time and LHJ and ITP alternate paying the mailing costs. 	<ul style="list-style-type: none"> ▪ Important function of CSHCN activities in Snohomish County ▪ Providers need information about resources and families don't know what is available so have sometimes done without an available service. 	<ul style="list-style-type: none"> ▪ Do not have any clear measurement of the usefulness. Anne relates a story of talking with a nurse at Everett Clinic who stated that she saves the CHNs. 	<ul style="list-style-type: none"> ▪ How do the CHNs ultimately affect families?
Spokane	Jan Gillum (509) 323-2840 Gilliam, Janet jgilliam@spokanecounty.org Lisa Ross lross@spokanecounty.org	<ul style="list-style-type: none"> ▪ Distribute CHNs 4 times/year ▪ Mail 430 CHNs quarterly to: 200 "general" PCP offices (Family Practice, PA, ARNP), 50 pediatric PCPs (pediatricians and pediatric ARNPs), 50 to specialty medical practices, 130 community partners (PHNs, early intervention providers, child care, parent support groups, community social workers, nurse coordinators, insurance plans). ▪ Distribution also includes DOH-CSHCN program, ITEIP, local offices in DD and DSHS. Hand out CHNs at community meetings (CICC, health fairs), distribute to all offices in the LHJ, and use in trainings with staff and students (student nurses). ▪ Child Care Health Consultants use the CHN in their teaching and consultation with child care programs. ▪ Post the CHN on the LHJ-CSHCN website ▪ At the first of the year Jan sends an email survey to all CSHCN staff to identify staff suggestions for CHN topics for the calendar year – as a team the four annual topics are 	<ul style="list-style-type: none"> ▪ The CHNs are an excellent format for getting information out about local, regional and state CYSHCn resources and promoting maintained awareness. ▪ Consider the use and distribution of the CHNs as one of the Spokane Medical Home team activities – a key activity of the MH team. ▪ Jan and Lisa stated that the CHNs are non-threatening and a wonderful teaching tool. ▪ Use the CHNs internally within the LHJ to increase awareness and utilization of the CSHCN services. ▪ The Spokane County team is particularly proud of their CHN product (and they should be!). They know that the CHNs are utilized as they have seen them posted in local hospitals and clinics, and some of the non-pediatric primary care clinics use the CHNs as family handouts. 	<ul style="list-style-type: none"> ▪ Excellent tool for communication with PCPs, the health community, and others in the community that care for/about children. ▪ Efficient way of communicating with others – time efficient. ▪ Important marketing tool for the LHJ – CSHCN program. Increases awareness of their services, among PCPs as well as staff within the LHJ. ▪ Important marketing tool for all community and regional CSHCN resources and services. ▪ Builds relationships between the CSHCN program and PCPs. <p>Have received some feedback from physician readership:</p> <ul style="list-style-type: none"> ▪ A new pediatrician in the area called in response to the GE Reflux CHN – stated that the information was “right on”. Also indicated that he liked working with “these children” – which was important information for the CSHCN program to receive. ▪ In response to the Vision Screening CHN – one physician called to ask not to be listed as a vision screening resource (as so indicated in the CHN), and another physician called requesting to be added to the list of resources 	<ul style="list-style-type: none"> ▪ Consider having the counties include a question about the CHNs on the bi-annual provider survey they conduct for ITEIP (every other year certain counties are required to send out county-specific surveys to providers). State that there is a good response to these surveys. ▪ Consider using a focus-group format to obtain information from some of the readership. Participants must be well-compensated for this to be successful. ▪ If our state-wide project is able to generate any data or outcome information about the CHN project, Spokane County would like to have this information. They use state and county data for annual budget justifications and for securing outside funding as available. All data is helpful.

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Spokane Co. cont.		<p>selected and identified early in the year.</p> <p>Spokane County does a high level of graphic design and carefully “retools” the didactic content as needed for their readership. The CSHCN program staff want to assure that the information and messages are accurate for their community and are “spoken” in a voice that will communicate well with their local providers. They feel this is important to maintain and assure good relationships with their PCPs and the EI community. In the case of the CHN on SSI, Ulrike Kauffman spent at least 40 hours retooling the content for the Spokane County communities. In the case of the GE reflux CHN topic, they consulted with a local physician and nurse coordinator in a local feeding & growth clinic.</p> <p>They include local data as possible and relevant to the CHN topic.</p> <p>Use the talents of a graphics person on their staff to create a visually appealing final document– they have designed their own “look” using color and additional graphics.</p> <p>The Spokane County staff (Jan Gillam, Ulrike Kauffman, Lisa Ross, and others) are very experienced and have a lot of skill in professional writing; these skills and talents offer a key contribution to their CHNs. In addition they utilize a strong team</p>		<ul style="list-style-type: none"> ▪ Received a request from a physician for copies of community resource material mentioned in a CHN. 	

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Spokane Co. cont.		<p>effort in producing the CHNs.</p> <p>In Spokane County the CHNs are about \$ 0.15 to develop and distribute; annual mailing costs estimated at \$1,000.00.</p>			
Whatcom	<p>Margaret Jahn (360) 676-6729 Margaret Jahn mjahn@co.whatcom.wa.us</p>	<ul style="list-style-type: none"> ▪ Continue to use CHNs but have not distributed a CHN for over a year. They have been backed up with work. ▪ Plan to reinstate distribution and target for sending 3-4 per year. ▪ Primary recipients are PMDs – pediatricians and family practice, as well as specialty physicians as appropriate to the topic. ▪ Other recipients are school nurses, ICC members, LHJ nursing staff – this secondary group receives the CHN based on attendance their attendance at a meeting in which the CHN is handed out. ▪ CHNs posted on the LHJ website. 	<ul style="list-style-type: none"> ▪ Promote PCP awareness of CSHCN issues. To provide periodic information on a consistent basis to the PCPs. Suggest alternating between a clinical topic and an office management/office practice topic (e.g. SSI). ▪ To announce: LHJ activities (CATCH grant), meetings/activities (Universal Hearing Screen efforts in the county), and upcoming CE events. ▪ An avenue for a community response to a particular need or issue, for example to inform the PCP about issues or topics that parents or community providers are discussing and announce any related planning/community meetings. ▪ Have used a CHN as a parent handout for particular families as indicated (Autism CHN specifically). 	<ul style="list-style-type: none"> ▪ Increase in referrals to the LHJ-CSHCN program following the distribution of the CHN – often related to the CHN topic. ▪ Recently heard from social workers, PHNs, and FRCs requesting that distribution of the CHNs be resumed. ▪ Community health providers (FRC, PHNs, etc..) use the CHN information as a resource for their own practice and work with families. 	<ul style="list-style-type: none"> ▪ Is there a way to quantify the increase of referrals to the CSHCN program? ▪ Interested in hearing how other counties are using the CHNs. Are others feeling that families are potential recipients for the CHNs?

Additional Comments

Suggested future topics:

- Recurrent otitis media – treatment of and associated fluctuating hearing loss (*Kittitas County*)
- Sensory Integration issues (*Kittitas County*)
- Obesity/physical activity (*Lincoln County, Benton Franklin County*)
- Children with behavioral feeding difficulties – encouraging them to eat, mealtime strategies and routines (*Benton-Franklin*)
- Child Find (*Spokane County*)....***they would Really like this topic covered
- Natural Environments – the various environments that EI services are provided within (*Spokane County*)
(see information the Guild School has developed)
- Physicians are obligated (it is a responsibility) to refer early (Part C rules) – families have a right to early and timely referral...
(see information on the ITEIP website) (*Spokane County*)
- Why refer early? What is early? – any outcome studies that document the benefits of early referral to EI vs. waiting and seeing
- When covering a diagnostic topic – include information on differential diagnosis and work-up and not just a description of the diagnosis
- Importance of /need for developmental surveillance (Beth Ellen Davis' recent chapter and work) (*Whatcom County*)

About the new website:

Appreciate the format of the updated CHN website, particularly the sorting of the CHN topics according to organizational subheadings.

Like the ease of the updated website

Appreciate that resources and information is updated on existing CHN topics and like to see it clearly identified when any updates have been completed

Love to see new topics added...this comment came up during numerous telephone interviews

How we might increase the number of WA counties using the CHNs:

Sherri Bartlett in Lincoln County

Conduct a presentation at the regional CSHCN meetings. This would be a good opportunity to reintroduce the CHNs to all CSHCN coordinators. Consider showing them the website and walking them thru the process of editing a CHN. Those counties currently using the CHNs could share their own personal stories. Sherri feels that other CHSCN coordinators are familiar with the CHNs, however, a presentation reviewing this tool might be helpful. Perhaps dialogue with the group about barriers to using the CHNs and how to address them.

(The East Region's next meeting is January 13th (usually the 2nd Thursday of a month) – meet only 4X a year. Current chair is Kelly Anderson in NE Tricounty. Sherri is helping to initiate further dialogue with Kelly about possibly getting onto the agenda of an upcoming meeting).

Spokane County

- Lead a Child Health Note Project break-out session at the DOH-CSHCN Conference to be conducted in Spring 2005
Get on the agenda. Or sponsor a lunch or other after-conference session.

- Partner with DOH to explore how LHJs could include an activity indicating the use/distribution of CHNs in their contracts with DOH.
- Offer “real” financial to LHJs/Medical Home Teams using the Child Health Notes. Such funding could be used to support the printing and distribution costs. Suggest offering no less than \$1,000. Make the process for applying for such funding very simple, non-threatening, and time efficient (an easy, quick, painless process).
- Spokane County project team would be interested in working with the UW staff – if appropriately compensated for their work and contribution. Suggested contributions include:
 1. Serve as an editing board – review, edit, offer feedback on the topics we develop. Assist us in the identification of CHN topics to develop.
 2. Develop an East Region CHN that the LHJs in their region could use/distribute without making any, or very little customization. (Sue’s note: It might be interesting to consider trying a pilot project in which we developed an East Region CHN and a Northwest Region CHN...and try out the use and distribution of a CHN across several counties within the respective region.
- Lisa Ross discussed possible funding venues to consider for boosting the current level of funding to the CHN project, if such funding could support the development of a greater number of new topics each year. Lisa suggested the following possible funding partnerships: WISE grant and any future funding streams that support integration of CSHCN services, apply for DOH end of the biennium extra \$\$s, pursue small grants from private/public community partners.

Spokane County is incredibly invested in the use of the CHNs. This county has applied a great deal of their own resources, energy and expertise to develop a visually appealing newsletter and to assure that the content and resources are very relevant to their local providers. They have a great deal of pride in their CHN products. They plan to continue to distribute the CHNs on a quarterly basis. Lisa Ross is interested in developing a system for personally distributing the CHNs to the “non-pediatric” PCP offices and clinics (family practice offices). In their region this is where the growth of providers is occurring; the number of pediatricians practicing in the area is quite stable, but the number of family practice providers is growing. Given the current trend in health care reimbursement/Medicaid systems, a larger proportion of Medicaid-funded clientele are seen in the family practice/general clinics. These represent very large clinics and serve large numbers of children and families. Additionally, the family practitioners tend to be harder to access and it is harder to stimulate EI and CSHCN referrals from these providers. Lisa is interested in partnering with the hospital/community liaison to make personal office visits; currently these liaisons make office visits 1-2 times per year to discuss immunizations and related topics. To do this work Lisa feels that she would need additional funding.