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North Dakota Parents' Perceptions and Behaviors Concerning the Utilization of Preventive and Well-Child Services for Children and Adolescents: Executive Summary

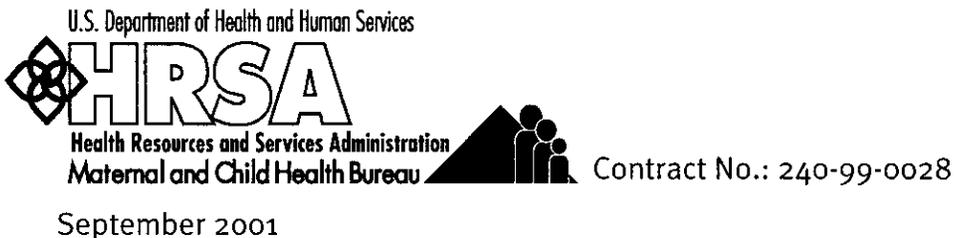
A CompCare Initiative

Prepared for:

North Dakota Departments of Health and Human Services

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Executive Summary

North Dakota state officials requested technical assistance through the CompCare Initiative to gain a better understanding of the knowledge, perceptions, and behaviors of North Dakota parents regarding the utilization of preventive and well-child services for their children and adolescents. Health Systems Research, Inc. (HSR), the CompCare contractor, worked with the North Dakota CompCare team in collaboration with representatives from the Region VIII Health Resources and Services Administration (HRSA) and Centers for Medicare and Medicaid Services (CMS) Offices to develop and implement a technical assistance plan designed to meet the state's needs.

The core of the plan was a study to assess the knowledge, perceptions, and behaviors of North Dakota parents regarding utilization of well care for their children. The study consisted of a series of focus groups conducted in each region of the state, including three reservations. Ten focus groups were conducted by HSR staff during the last week of June 2001. Groups were conducted with parents with children with private as well as public, Medicaid, and SCHIP health insurance. One of the ten groups was limited to parents of children with special health care needs. A total of 72 parents representing 190 children participated in the focus groups.

Parents reported using health services primarily when their child was ill, injured, or for check-ups. There were significant differences in the use of preventive and well services by parents that were dependent on the age of the child. Infants, toddlers, and pre-school children were taken for well care much more frequently than older children and teens. Parents attributed this behavior to the greater perceived vulnerability of younger children and the inability of these children to communicate their needs.

Parents viewed preventive and well services as essential to “catching problems early” and as a way to obtain reassurance regarding both their child’s health and their parenting abilities. However, parents of special needs children had a very different view of preventive and well care, indicating that for them, it was all about keeping their child healthy with their illness or condition. All parents were able to articulate the benefits of preventive, well-care services.

Focus group participants indicated a great need for preventive and health information related to their child’s age, developmental stage, and/or illness or condition. They reported obtaining information from a range of venues and through a variety of channels. However, most parents could not recall receiving information about the importance of preventive and well care from their physician or anyone else and could not recollect being told what well-care schedule they should follow for their child once the majority of immunizations were completed.

Parents described several barriers to obtaining preventive, well-child services, including inconvenient hours and lack of transportation. They also saw as a barrier the lack of understanding of many parents of the benefits of well care and the failure of health care providers to promote these benefits to families.

Recommendations based on focus group findings include:

1. Actively promote well care for children and teens – infancy to young adulthood.
2. Develop and promote a name and service packages for well-child care that focus on care from infancy through adolescence and that is meaningful to parents, children, and teens.
3. Develop special strategies to promote well care of older children and adolescents.
4. Have primary care providers encourage regular check-ups for their patients, whether conducted by them or obtained elsewhere in collaboration with the provider.
5. Develop or strengthen existing alternative structures for the delivery of well-care services.

6. Use “Bright Futures” guidelines for health supervision of infants, children, and adolescents to direct the content of well care for both typical children and those with special needs.
7. Develop preventive and well-care promotional and educational materials and services that are specific to the needs of parents of children with special health care needs.
8. Educate parents of children with special health care needs of the medical home model and how to use it effectively.

Next Steps in the CompCare TA process are as follows:

1. This report will be disseminated to the North Dakota CompCare team, HRSA, and CMS representatives from the Regional Office and other interested parties as requested by the state. After adequate time for review of the document, HSR will arrange a conference call with the state team and Regional Office to discuss the report.
2. HSR will share the document with the social marketing firm of PPO&S, who will draft strategies that may be used in the implementation of the report recommendations. This firm is very experienced in social marketing related to child and adolescent health issues and has previously worked with HSR in providing technical assistance to the North Dakota State Systems Development Initiative.
3. HSR and PPO&S will share these suggested strategies with the state CompCare team.
4. The state CompCare team will convene a meeting of child and adolescent stakeholders to review and discuss the findings and recommendations of the report along with suggested social marketing and organizational strategies to increase utilization of preventive, well-care services in North Dakota.
5. HSR will continue to offer CompCare technical assistance to support the state in efforts to promote increased utilization of preventive, well-care services. This could involve facilitation of planning meetings and/or further consultation from the social marketing firm, *Bright Futures* experts, or others.