

HMG UT Summary of Evaluations

HMG Study 3: Evaluation of Inactive Families: 2013	
Status (select one)	Completed In process
Study Focus (select one)	HMG independent HMG in combination with other initiative
Model Relevance (Select one)	HMG Call Center Physician Outreach Family Engagement Community Outreach Developmental Screening Other (please specify):
Study Framework (Describe each)	Primary research question: Considering the high rate of pending responses, Help Me Grow Utah contracted this study in order to explore underlying explanations of this phenomenon Target population: “ Hard to reach inactive families” Sample size (if applicable): 40 families Study design: Interviews
Key Findings	<i>Please provide a written of key findings and take aways from this study.</i> This research project intended to focus on Help Me Grow contact processes. Those interviewed were very pleased with the quantity and quality of their contact with 4 HMG. Further analysis revealed that a high non-response rate for the HMG clients might be more associated with messaging rather than messenger.
Other <i>Please describe other relevant information such as budgets, consults, etc.</i>	Change protocol for follow-up to families. Budget: \$2,500

Help Me Grow Utah: Contact Processes Evaluation

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April 4, 2013

Contact Processes Evaluation

Background

Help Me Grow (HMG) is a national replicated initiative that seeks to assist families in helping children reach their optimal development. Assistance comes in the form of connecting families with existing community services that best meet the needs of the family. Included in this assistance are the following:

- centralized telephone access to health care professionals and child development evaluation tools
- community outreach through networking opportunities for both professionals and families, child health care provider outreach
- training, and data collection and case follow-up

Help Me Grow is now replicated in 18 states. Help Me Grow Utah was piloted in Utah County, Utah, and has been operating there since March, 2010. The program is now expanding to other regions of Utah.

Introduction

Data from the annual report of the first two years of Help Me Grow Utah indicated that 669 calls were received on behalf of 758 children. When a file was closed, the outcome of a client's interaction with HMG was deemed "desirable" or "less desirable." A "desirable" designation indicated that information, services, or education was satisfactorily received. A "less desirable" outcome signified there was a pending response from the client or the resource, that services were not received, or there was a change in the family situation. Over the two years included in the annual report, 47.1% of the outcomes were "desirable" and 52.9% were "less desirable." By far, the largest percentage of "less desirable" outcomes was a pending response from the client (42% of total outcomes). The annual report made a recommendation to explore the high rate of "less desirable" outcomes.

Considering the high rate of pending responses, Help Me Grow Utah contracted this study in order to explore underlying explanations of this phenomenon. HMG provided client data from March 1, 2010, to Feb. 6, 2013 that indicated 687 families were categorized as "inactive." These families were the focus of this qualitative research study, which interviewed 14 "inactive" families to better understand the non-response or pending response rates reflected in the HMG database.

The remainder of the report will outline the study methods used for this research then a section will present the findings. A discussion and conclusion follows including recommendations to further improve the effectiveness of HMG.

Study Methods

HMG provided a file of 687 “inactive” client families whose files had been closed. These client families were determined by the researchers to be a Category 1, 2, or 3 as follows:

- 1) Totally unresponsive, with no evidence of any HMG service received (n=386, 56.2%)
- 2) Received some HMG service, and then became unresponsive (n=186, 27.1%)
- 3) Received adequate services, but became inactive, or solved their own problems (n=115, 16.7%).

All client families were assigned a random number between 0 and 1 then sorted by those numbers using Excel. Attempts were made to contact the first 102 client families in Category 1 in the sorted, randomized list. Some form of contact was listed in the HMG data for each client family including single or multiple phone numbers and/or an email address. Contact was attempted through telephone calls to all available numbers and through email when available. Phone calls were made to 62 client families, emails only were sent to 40. Only seven client families had non-working numbers or emails. Thirty-three clients received a phone message, were reached by phone, or returned an email. Six of these were known to require Spanish. Twenty client families expressed a willingness to participate in the evaluation. Fourteen final participants were contacted for interviews. Three of which responded that they had no recollection whatsoever of any involvement with HMG. Eleven other interviews were conducted, including three with Spanish speakers, which were held with the use of an interpreter.

As incentives, participants were offered free passes to The Living Planet Aquarium in Sandy, Utah, and free children’s books. Three participants presently lived outside of Utah and participated in interviews without receiving any incentives.

After participants agreed to participate, an appointment was scheduled to conduct the interview. Interviews were conducted by phone at various times throughout the day and evening. Each interview lasted no more than 20 minutes. The interviews were electronically recorded with the oral permission of the participant. The interview schedule is attached.

Transcriptions of the interviews were coded as common concepts and themes emerged as suggested by qualitative researchers Corbin and Strauss. Two evaluators coded the transcripts to ensure inter-rater reliability.

Although an effort has been made to randomize participants, the small sample and the qualitative nature of this evaluation limits the generalizability of the findings to those interviewed.

Findings

This research project intended to focus on Help Me Grow contact processes. Those interviewed were very pleased with the quantity and quality of their contact with

HMG. Further analysis revealed that a high non-response rate for the HMG clients might be more associated with messaging rather than messenger.

The mothers who were interviewed mentioned that Help Me Grow made contact with them through three methods: phone, email and U.S. mail. Most of the participants stated they received contact through multiple methods. No one method, however, emerged as the most effective although several mothers appreciated communication that could be accessed at their convenience due to the demands of attending to small children and work schedules. When asked how those contact methods worked out for them, there was a consensus that the efforts and methods of contact from HMG were very effective and that the staff offered caring support. Several interviewees especially appreciated that contact and follow-up was attempted on several occasions.

“Everyone I talked to was nice. The experience was wonderful.”

“I get teary-eyed thinking about all the help we were given.”

“It was good just knowing that someone out there was there if I needed help. I was not alone.”

“Incredible. Had they not been as attentive with the contact, I probably would not have followed through because I had a lot going on. We were just basically spoon-fed everything.”

“I like the fact that she called back and emailed as well and to check up on my child’s progress.”

In order to explore further, the participants were asked to explain how they found out about Help Me Grow and what they were told about the program.

The mothers were initially introduced to Help Me Grow through a number of sources. Of the eleven interviewees who recalled being involved with Help Me Grow, four learned about the program through HMG sponsored events, three by searching the Internet, one through a friend, one from her pediatrician and two could not identify the source.

The participants were asked what they were told about Help Me Grow at the first contact. Responses from the parents indicated they understood the most basic messaging of Help Me Grow. Generally, the parents perceived that the program helped parents know more about their child’s development.

“I filled out a form and they connected me with someone who then came to my home.”

“They referred us and told us what to do, the process.”

“Just help me know what I’m doing, where my baby needs to be at different stages and how to interact with her.”

“Really just looked at it as getting an assessment. I was curious to know where her development was.”

“I was told what the program does, do testing to see where the kid falls.”

“Help Me Grow had information and a survey. I took a survey with me to fill out.”

“It would help me know how my child was supposed to develop.”

In contrast, however, a majority of the parents also admitted that they did not fully understand the program.

“I didn’t really understand what they were. I just signed up. I didn’t know much.”

“I was not told very much.”

“I don’t really know what you guys do. Explain what you guys do.”

“I don’t know the program personally.”

“Help Me Grow? Is that the monthly questionnaire?”

“It would just give me a lot more information.”

Confusion also existed in whether the services the families received were from representatives of Help Me Grow or whether they were from the referred agency that actually provided the services. One mother was confused when a Help Me Grow family event was held at an agency location and several mothers identified HMG as the entity that came to their homes to provide services.

“I wasn’t aware that they were two different things. I didn’t get any information that I could call and talk to them (HMG) about it. I thought it was all the same program. I was unaware they were separate.”

“They came and helped my son. They provided a lady who came 3 times a week.”

“I received a brochure explaining what they can do. It told about any expenses incurred. They gave me all the information to feel comfortable. Help Me Grow gave me that information.”

During the interviews, parents expressed desires to understand more about the program and offered suggestions on how Help Me Grow could better serve their needs as parents:

“Just clarity in communication to me that they are two separate programs but still available to help. If I had known it was separate, I could contact them.

“Communication. Clarify the information. Let us know who they are and what they can provide. Let us know fully what is available.”

“If I knew what the program was about. I thought it was about special needs. I was grasping for any help.”

“I think if I knew exactly what the program was and what it had to offer, that it would have helped.”

“I didn’t have a clear idea of what they could offer me.”

“I didn’t get information that would tell me how the program could help me as a parent.”

Help Me Grow provides a child development screening tool, the Ages and Stages Questionnaire (ASQ), which is intended to be utilized incrementally by parents of children ages 0-5. Some parents, however, failed to understand the importance of continuing to complete the screening tool throughout the child’s early years or to have it scored by a professional.

“I did a growth assessment there (Freedom Festival) and someone went over it with us. I got sent surveys and I sent them in.” The mother is not continuing with the ASQ because she “felt like my little girl didn’t have any issues.”

Another mother said she is not continuing her contact with Help Me Grow because “my son has improved so much.”

A widowed mother is not continuing because “I was pregnant at the time and I didn’t feel good and didn’t have the brains to sit down and answer the questionnaires.”

“I read through the questionnaire and did my own assessment and it didn’t look like he was delayed.”

Even though the parents had incomplete knowledge of HMG, they knew enough to pursue the resources they desired. Four of the study participants continue to use the ASQ, two of them through their pediatrician’s office. Two other families receive

similar services outside Utah County. In all, seven of the eleven families interviewed continue to utilize HMG referred agency services, the ASQ, or use comparable services elsewhere.

The findings from the interviews suggest that when clients are reachable, HMG contact methods and quality are sufficient if not exemplary. The high percentage of clients who did not respond to the invitation to participate in the study remains an unstudied population. Those who responded, however, provided data indicating that HMG data collection methods might be understating the number of clients who are actually receiving satisfactory help.

The HMG database recorded a closed or inactive file for each of the 14 participants in this study. As the chart below indicates, descriptive discrepancies exist between the HMG file notes and the information received from the mothers in this study. The HMG file notes would have been interpreted as an “undesirable” outcome when in reality the client actually received the amount and quality of services they were seeking and from a client standpoint, would be desirable. Table 1 makes a comparison of the notes recorded in the HMG files with the data collected in the interviews.

Table 1: HMG file notes comparative to study data

Participant	HMG File Notes	Study Data
Sheryl	She is not replying [to] our calls or sending ASQ’s back in	HMG connected them with Kids Who Count where they received satisfactory services
Sandra	Left 2 messages, Mom concerned about communication, HMG complete	4 or 5 contacts from HMG, connected with Kids on the Move, son dramatically improved
Marissa	Doing questionnaires with pediatrician and did not want to repeat	Pediatrician now providing ASQs but liked HMG better because providing more resources
Kris	Close file until we hear from mom/grandma	Grandmother unsure of any contact between HMG and grandson’s mother
Jennifer	No follow through by client	Completed multiple ASQs, felt child had no issues
Erika	Parent not interested in service	Received “things” in the mail after signing up at family event, personal constraints to completing ASQs

Becky	Has not responded to sending in the ASQ, closing the file. Will reopen if we receive them. Contacted Kami via Facebook, Scott has received an eval and is in El in Georgia. Other, see notes	Sent ASQ to her in Georgia, self scored, found early intervention in her state.
Candice	Close file until mom wants to do tracking again. She's currently working with KOTM. Parent not interested in the service	HMG connected her with services that "changed our family totally."
Nakeesha	Called to speak with mom and followup with information. Sent in email. See email for details. Information received by client. Sent email to followup with parent on whether made a connection or not. Close file. No response from parent. HMG complete.	She found HMG online and was looking for help for single moms in Utah. No services received.
Carla	Parent not interested in service	Introduced to HMG at Salt Lake library. Was already connected to services through Baby Watch.
Yanet	Ask pedi info, insurance, ASQ online or mail? Jose answered and he didn't know anything about the ASQ, etc.	Did not recall any contact with HMG.
Sylvia	Will wait to hear from mom. No response from family	Found HMG through pediatrician, continues to use resources with her other children
Gloria	Blank	Did not recall any contact with HMG
Lucia	Blank	Did not recall any contact with HMG

In summary, it appears that several factors are at play in the reported high rate of non-response or pending response from clients. One factor deals with messaging. Although parents have accessed needed resources through HMG, it appears the messaging could be improved with more consistency, completeness and clarity. By doing so, more parents may comprehend the larger scope of HMG resources and make a long-term investment in monitoring their child's development. A second factor in the reported high rate of non-responsiveness as recorded in the HMG database is partially due to errant documentation of client outcomes rather than deficiencies in contact methods. With more precise data collection methods, the

non-response rate is likely to decrease and more accurately reflect the effectiveness of HMG.

Discussion

Help Me Grow (HMG) is a national movement that seeks to assist families in helping children reach their optimal development through the use of centralized telephone access to health care professionals and child development evaluation tools, community outreach through networking opportunities for both professionals and families, child health care provider outreach and training, and data collection and case follow-up. Help Me Grow began in Utah County in March, 2010. The first annual report for HMG indicated a large percentage of clients had closed files due to a non-response or pending response from the client.

This qualitative study examined Help Me Grow Utah data from March 1, 2010, to Feb. 6, 2013 to gain better insights into the effectiveness of HMG's contact and follow-up methods. During this time period, 687 "inactive" client family files were closed. These client families were determined by the research team to be a Category 1, 2, or 3 as follows:

- 1) Totally unresponsive, with no evidence of any HMG service received (n=386, 56.2%)
- 2) Received some HMG service, and then became unresponsive (n=186, 27.1%)
- 3) Received adequate services, but became inactive, or solved their own problems (n=115, 16.7%).

A randomized list was determined and contact to the first 107 families was attempted by phone, email or both. Thirty-three families responded to the first contact, resulting in 14 interviews being attempted. Three respondents had no memory of HMG. Eleven interviews were completed, three through the use of a Spanish interpreter.

This evaluation resulted in three major findings. First, Help Me Grow is doing better at connecting families to services than previous data indicated. Second, contact methods, which were suspected to be weak, were not a significant problem. And finally, clients understood enough about HMG services to obtain some services but messaging for this group of clients was incomplete and kept them from pursuing all the resources HMG offers.

Help Me Grow seems to be doing better than earlier data suggests. About half of those interviewed in this study received substantial services and expressed significant satisfaction with HMG. These were families from closed files categorized as "totally unresponsive, with no evidence of HMG services received." Clearly, desirable outcomes in the first annual report are inaccurate, with a higher percentage actually receiving HMG services than the data reflected. Some of those with closed files are unreachable, face difficult barriers to participation, or are really

not interested, but at least half receive much more than HMG records demonstrate. Changes to database record-keeping is recommended.

The original question of this study focused on why did so many clients fail to respond to HMG contact. Therefore, the interview schedule was designed to examine the contact processes used by HMG and to gauge its effectiveness. What quickly became apparent, however, was that the methods in which HMG contacted clients was not at the heart of the unresponsiveness of the clients. The participants deemed communication methods used by Help Me Grow, which included phone calls, emails, and U.S. mail, very effective. No one method was suggested as better than another, although mothers appreciated contact methods that reached them when they were available and that allowed them to respond at their own convenience. Multiple follow-up contacts from HMG were appreciated and staff persona was perceived as caring and warm. When the interviewer personally spoke to a parent, the response was always positive. Appointments for the study interviews were made throughout the day and evening and multiple contacts were made in order to set up the schedule, which emphasizes the difficulty in reaching clients. It is recommended that more precise contact information such as best time of day and method of contact be collected from clients.

The most surprising study finding was the impact of Help Me Grow messaging. In general, the respondents understood that Help Me Grow could help them with their child's development and often associated HMG with the "questionnaire." Parents expressed that they knew very little beyond this basic information and wished they knew more about how HMG could help them as parents. Some mothers confused HMG services with those provided by the referred agency. The parents, although partially informed about the scope of HMG, were not inhibited, however, from accessing the services needed by their child. It did not seem to matter who was providing the services as long as they were receiving the help their child needed. Therefore, HMG seems to be fulfilling its objective of connecting parents with services that satisfy the needs of their clients even though the clients can be unaware of the identity of that help. This minimal knowledge however, might impede parents from benefitting fully from resources available through HMG. One recommendation is to improve the quality of messaging so parents such as the ones in this study have more clear understanding of the scope of HMG.

Conclusion

Help Me Grow Utah is providing quality services to more client families than their records indicate. Data collection methods of HMG appear to underestimate the number of families that discontinue their connection with HMG with positive outcomes. The methods used by HMG to contact their clients is satisfactory although collecting information about best times and ways to make contact would be helpful. HMG messaging seems inconsistent and incomplete as a majority of interviewees expressed ambiguity about what HMG really does. Aside from parents' lack of full understanding of HMG resources, parents and children benefitted from

the services HMG rendered. Parents who were either not fully educated about the benefits of HMG or who had personal constraints failed to continue with HMG or other resources provided to them through HMG. In conclusion, a large percentage of clients in the “inactive” files and categorized as “totally unresponsive” interviewed in this study were actually families who received what they desired and exited their relationship with HMG with a positive experience.

Recommendations

Several recommendations are offered to strengthen HMG data collection as well as to improve HMG messaging:

1. Construct or revise a codebook for use in entering information about each contact with clients and the result of that contact. (i.e. contact 1-ASQ inquiry, contact 2-ASQ results, contact 3-referral to KOTM)
2. Design a summative evaluation drop down menu for each family or child to be completed by HMG caseworker as a file is closed. This evaluation could record the extent of services received by the client. (i.e. no services received, some services received, significant services received).
3. Design and implement an exit survey. Assign numeric codes for reasons for client exit and their satisfaction level. (i.e. 1-Using pediatrician ASQs, 2-Connected to agency, 3-Solved own problem)
4. Gather data about the best time of day to contact a family and their preferred method.
5. Strengthen the effectiveness and consistency of HMG messaging through market research and other efforts.

Appendix

Interview Schedule

This interview will be recorded so we can review your answers later. Is that OK with you? Your responses will be kept confidential.

In order to mail your free passes to The Living Planet Aquarium I need your

Name:

Mailing Address

Current email address

You may pick up the children's books at United Way of Utah County. I will email the address to you.

Contact with HMG

Tell me about your experience with Help Me Grow.

How did you find out about HMG?

What were you told about the program?

How did you think the program could help you as a parent?

In what ways did you have contact with HMG?

How did these methods of contact work out for you?

Why did you continue or not continue to have contact with HMG?

What difficulties did you experience with HMG?

How would it have made it easier for you to maintain contact with HMG?

Contact with services

Did you receive information from HMG about other community resources for you or your child?

In what ways did you receive information about these resources?

Did you have contact with any of the services or resources referred by HMG?

What was that experience like?

Contact in general

In your experience, how effective was HMG's contact with you?

How would you rate the contact you had with HMG?

What could HMG do better to serve you?