

Report to the Legislature

# Child Profile Health Promotion System

DECEMBER 2020  
ESSB 6168 Sec. 221(72)



Child Profile Health Promotion  
Center for Public Affairs



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## Executive Summary

The Child Profile Health Promotion System sends child health and safety information to all families with young children in Washington state by mail. Historically, federal funding has combined with state funding to support the program; however, federal funding is no longer able to support the program. In 2020, the legislature provided one-time General Fund-State (GF-S) funding through fiscal year 2021. As a condition of this funding, the department was required to review its processes for efficiencies and possible technological advances to reduce costs as part of a report due to the legislature by Dec. 15, 2020.

Per [ESSB 6168\(221\)\(72\)](#), the legislature requires the following report considerations:

- (A) Use of technology
- (B) Frequency of communication
- (C) Available alternative funding sources
- (D) Use of the system for other public awareness campaigns that might create new funding streams

A final report is due to the legislature by Dec. 15, 2020. It is important to note the impact of the COVID-19 pandemic on this effort. Many of the department's staff have been reallocated to pandemic response efforts, limiting the available resources for other core projects such as this. As a result, additional analysis may be necessary to fully consider or implement some of the report recommendations.

### Recommendations

Recommendation #1: Support the Child Profile Health Promotion Program's current structure with dedicated GF-S funding. The population health interventions provided by this program benefit all Washingtonians by investing in the health of our children.

Recommendation #2: Support the Child Profile Health Promotion Program with funding for an additional year to explore how to integrate a fee to support the program in the future. Due to the department's COVID-19 response efforts, the ability to work with appropriate staff to integrate a fee structure was limited and could not be implemented by the end of fiscal year 2021.

## Background

The Child Profile Health Promotion System is Washington state's centralized system to communicate key health and safety information, immunization information, and well-child visit reminders to families with children ages birth to six years old. Information is mailed to families in English or Spanish. The Department of Health (DOH) uses the address information from its Immunization Information System (IIS) and the agency's Center for Health Statistics (birth/death records, etc.) to send mailings to families about two weeks before their child should receive a well-child visit from their primary care provider. A family will receive a total of 17 mailings for their child until they reach six years old. Families receive mailings at birth, one month, three months, six months, nine months, 12 months, 15 months, 18 months, two years, 2-1/2 years, three years, 3-1/2 years, four years, 4-1/2 years, five years, 5-1/2 years, and six years.

For more than 20 years, the Child Profile Health Promotion System has been DOH's primary method to deliver important health information to Washington state families. The system reaches 98 percent of families with children aged birth to six years, meaning communication is sent to more than 500,000 families a year. Investing in prevention by promotion of activities such as vaccinations, healthy eating, and well-child visits provides a significant return on investment through the reduction of future health care costs. The department would need to conduct additional research through a cost benefit analysis to determine a return on investment for preventative efforts through Child Profile messaging.

This comprehensive system informs health behaviors on multiple levels. It gives parents and guardians information relevant to their child's health and developmental stage with the goal of educating parents on the critical decisions they make about their child's health. It also drives interaction between parents/guardians and health care providers, providing a leverage point for questions, concerns, and recommendations. Because the system also reaches every parent with a child at the age of six and under, it creates a community of parents in Washington state who receive consistent, evidence-based messaging on how to help their children reach their full health potential. An evaluation of this program completed in late 2015 highlighted many successes. Ninety-six percent of parents reported reading the materials, 93 percent of parents reported learning from these materials, and 82 percent of parents indicated materials reinforced their parenting decisions.

Multiple key partners throughout the state use this system to deliver important health and safety information to families with kids aged birth to six. These partners include Seattle Children's Hospital, the Department of Children, Youth, and Families (DCYF), Washington Dental Service/Arcora Foundation, and the Washington Poison Center, to name just a few.

A combination of state general funds (25 percent) and the Title XIX Medicaid grant (25 percent) covers the Child Profile Health Promotion System's costs. In fiscal year 2021, the remaining funding (50 percent) was also provided through state general funds to maintain the program.

In the 2020 legislative session, the legislature provided one-time GF-S funding through fiscal year 2021. As a condition of this funding, the department was required to review its processes for efficiencies and possible technological advances to reduce costs as part of a report due to the legislature by Dec. 15, 2020.

Per [ESSB 6168\(221\)\(72\)](#), the legislature requires the following report considerations:

- (A) Use of technology
- (B) Frequency of communication
- (C) Available alternative funding sources
- (D) Use of the system for other public awareness campaigns that might create new funding streams

While a final report is due to the legislature by Dec. 15, 2020, it is important to note the impact of the COVID-19 pandemic on this effort. Many of the department's staff have been reallocated to pandemic response efforts, limiting available resources for other core projects. Due to the intense effort required by the department, it was challenging to satisfy elements of the report that required more thorough investment of time from the many partners who contribute to the program. As a result, additional analysis may be necessary to fully consider or implement some of the report recommendations.

# Proviso Considerations

## Part A: Use of technology

The Child Profile Health Promotion System currently relies on physical mailers rather than electronic mail delivery. Transitioning to an electronic distribution process would require an adequate information technology system along with access to personal email addresses.

The Department of Health has created an email distribution process that has potential to use the Washington State Immunization Information System (IIS). It was developed as an opt-in system, where any parent with a child aged birth to six years in the state could sign up to receive emails in place of or in addition to hard copy mailings. Emails can be sent in English and Spanish via a third-party email vendor to parents on the same schedule as the hard copy mailings. When a parent signs up for email, their email address can be captured on their child's record in the IIS. The weekly email distribution list can be pulled from the IIS based on information received from the sign-up form. If an email address is returned as undeliverable, the IIS notes the invalid email on the child's record. Hard copy mailings would be sent to the parent with an option to re-sign up for email with a valid email address. Parents can unsubscribe at any time, and those who do are then sent hard copy mailings only.

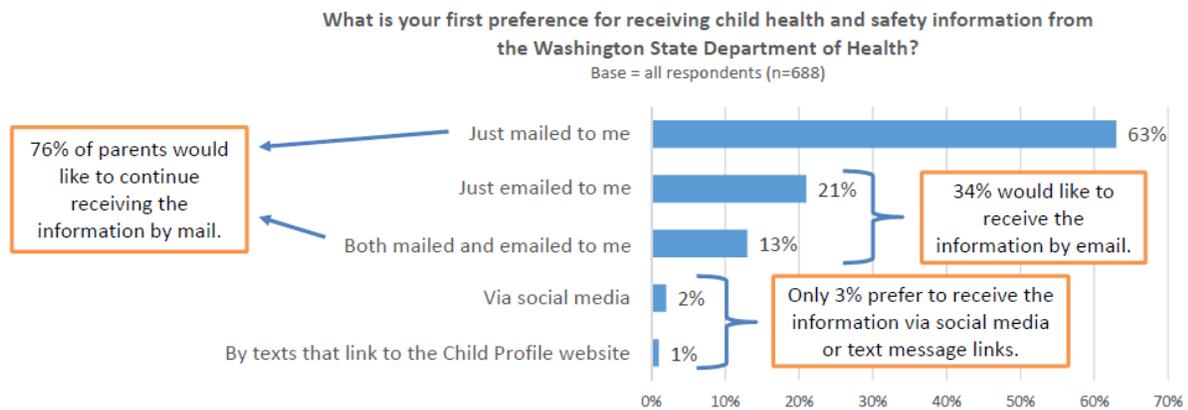
The email process is not being used at this time because the IIS and email vendor are unable to exchange data automatically. Additionally, all processes to run email distribution using the current system are entirely manual and the department is not staffed appropriately to do this in addition to the current hard copy mailing process. If the department were to implement the email system in addition to the current hard copy mailing system, it would require additional full-time staff, which would be a cost increase.

As mentioned, the email system is opt-in only and email address data comes from the IIS. Data in the IIS comes from health care providers and health plans who choose to share data with the department. If the department were able to address the technical challenges with the email system and automate the processes, email address data could possibly come from health care providers. However, this isn't something consistently captured by all providers. Moreover, providers are not required to report email addresses to the IIS. Currently, the IIS has approximately 13 percent of the Child Profile target population's email addresses, in comparison to 98 percent of the target population's mailing addresses.

The email system would only use email addresses from parents specifically signing up for Child Profile health promotion emails, as it would be more accurate than health care provider information. In addition, not all families have consistent access to email or internet service, so it would not be equitable to move to electronic-only distribution. An evaluation by the Child Profile Program in 2019, specifically with migrant communities, revealed that only 18 percent of parents surveyed had an email address and actively used it. Additionally, 23 percent indicated that they would like a class that provided information on how to use email. Physical mail is

generally something everyone has access to. If email were the only method for delivering Child Profile information, families without access to email or consistent internet service would likely not receive this timely and age-appropriate information. By creating additional steps and barriers, the system risks losing people to the process and furthers the inequities faced by vulnerable populations. Figure 1 provides parents' preferred communication style according to the 2015 evaluation.

**FIGURE 1: Parents Preferred Communication Style**



There are non-email ways for parents and others to access the information in the mailings online. Two websites (<https://cp.doh.wa.gov/> and [www.miramecreecerwa.org](http://www.miramecreecerwa.org)) provide electronic versions of the information sent to parents by mail. These websites also include links to each material and can be accessed at any time. Access to these websites is passive and no prompts are specifically sent to families about this resource. The URLs are printed on each material in the mailings and on the Child Profile Facebook pages.

If the IIS email distribution system could be enhanced, the process could possibly be automated. This would allow the department to continue sending hard copy mailings to families who want them and begin sending information electronically to families who request it. There would be an initial investment to upgrade the current system (estimated between \$500,000 - \$600,000). Once completed, the overall funding for the Child Profile Health Promotion System (mailings and email) would remain relatively the same with minimal maintenance costs that would likely be covered in the current maintenance agreement; however, there would likely be a need for additional staff to maintain the data quality of email addresses. There could eventually be potential for future cost savings as more families sign up for email in place of hard copy mail, but the conversion toward this platform would take time, and savings would not be realized for quite some time.

Part A: Summary of Pros and Cons for Options Considered

	PRO	CON
<i>Child Profile Email System (In addition to paper)</i>	<ul style="list-style-type: none"> <li>• Allows parents to choose paper mail, email, or both</li> <li>• Ability to share on multiple platforms</li> <li>• Increased ability to modify electronic documents</li> <li>• Potential to expand to additional age groups</li> </ul>	<ul style="list-style-type: none"> <li>• Costly to implement</li> <li>• Return on investment may never be obtained</li> <li>• Significant delay for vendor to build</li> <li>• May need additional staff to maintain system</li> </ul>
<i>Child Profile Email System (email only)</i>	<ul style="list-style-type: none"> <li>• Significant cost savings</li> <li>• Current staff may be able to maintain email system rather than mailing system</li> <li>• Ability to share on multiple platforms</li> <li>• Will avoid future cost increases such as postage</li> <li>• Increased ability to modify electronic documents</li> <li>• Potential to expand to additional age groups</li> <li>• Medicaid match funding is not dependent on number of households reached</li> </ul>	<ul style="list-style-type: none"> <li>• Costly to implement</li> <li>• Inequitable for those without consistent email or internet access</li> <li>• 63% preferred to only receive information by paper mail</li> <li>• Significant delay for vendor to build</li> <li>• Low open rates (most DOH email subscriptions are ~15-40%)</li> <li>• Equity and access issues</li> </ul>

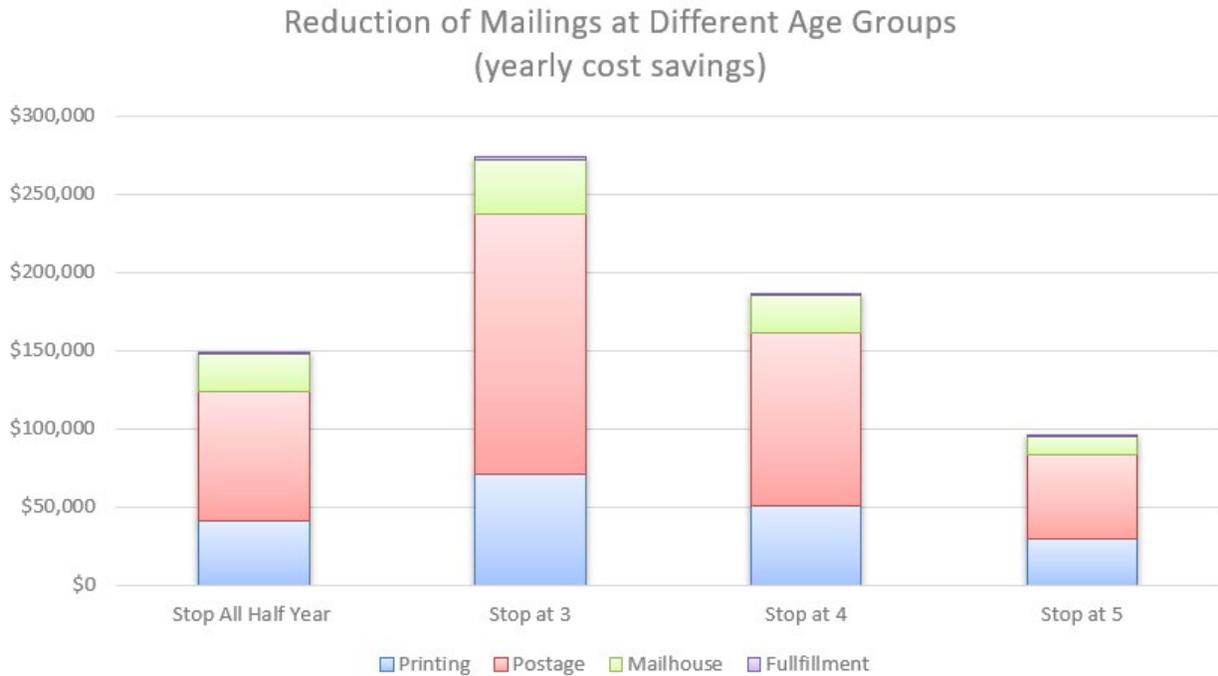
## Part B: Frequency of communication

The Child Profile Health Promotion mailings are sent to all families in the state with children aged birth to six and are available in English and Spanish. Each mailing includes age-specific reminders about well-child checkups and immunizations. They also provide the latest information on growth and development, nutrition, safety, and many other critical child health topics. Mailings are free and sent every few months until a child turns six. Parents get a total of 17 different mailings. Mailings are timed to correspond with the American Academy of Pediatrics' recommended schedule of well-child visits. Parents receive a mailing a few weeks before the next visit and they can use the information to prepare for the visit. Content in the mailings is based on Bright Futures Guidelines, which are theory-based and evidence-driven guidelines for all preventive care screenings and well-child visits. Approximately 32,000 mailings are sent each week, to around 500,000 families a year.

The mailings are timed according to the child's age so that parents are receiving the most pertinent information related to their child's stage in life, and arrive a few weeks before their child's expected well-child visit. Timeliness is a key factor in getting families important health information when they need it most. If mailings are reduced, the loss of content undermines the program's purpose of preparing parents for these important well-child visits. Reducing mailings also means families would not receive well-child visit and other important health and safety information for critical time periods in their child's life. If mailing materials were consolidated, most of the content would be too early for parents to consider, forcing them to keep the materials until their child reaches the relevant age. In addition, consolidating mailings would increase postage and envelope costs for each yearly mailing due to the size increase and weight increases, reducing the potential for any cost savings.

Several agencies and organizations partner with the department and pay a yearly dissemination fee to include materials in the Child Profile Health Promotion mailings. These fees are collected as GF-S funding and contribute directly back to the program by paying for postage and envelope costs. If mailings are reduced or end at an age earlier than six years, the department could lose these valuable partner materials in the reduced or eliminated mailings and potential future partnerships. Figure 2 outlines the cost savings of several different mailing options if they were to be reduced.

FIGURE 2: Reduction of mailings at Different Age Groups



A benefit of mailing to families on a regular basis is that it helps to maintain accurate addresses for children in the IIS, which in turn ensures the department is sending mailings to the most current and accurate addresses possible. This keeps printing, mailing, and postage costs down since fewer mailings are sent to and returned from bad addresses. Projected printing, mailing, and postage costs are based on the number of mailings sent in the previous year. Loss of accurate addresses would also limit the department’s ability to accurately analyze data based on geographic location. The longer between mailings, the more chance of losing track of kids' addresses in the IIS. Table 1 shares information on the amount of work required for upkeep of data in the IIS.

TABLE 1: Data Updates Required to Maintain IIS System

IIS DATA UPDATES	
Average Annual Address Changes	3,050

<i>Average Annual Adoptions</i>	936
<i>Average Annual Duplicates</i>	11,901
<i>Estimated Duplicates Savings Annually</i>	\$6,782

Due to the continuous changes in information, ongoing maintenance of the data and data quality measures would be necessary to produce accurate mailings during any time period approved by funding. If mailings occurred only once a year, a large majority of returned mail could be costly. In addition, if data maintenance wasn't kept up, it would be difficult to predict the amount of children in possible eliminated age groups that could be reached in the future if funding allowed to begin mailings to these age groups again.

The Department of Health is eligible for different types of funding because the mailings promote healthy behaviors, such as well-child visits. The department currently reports quarterly to the Health Care Authority (HCA) with the number of families reached. This is a vital data element for HCA, as it assists them in reaching key Medicaid requirements. Eliminating mailings or ending them at an age earlier than six years means the department would not be promoting the well-child visit that corresponds with the eliminated mailings. The department would not be able to meet reporting requirements, which would affect some of the key deliverables associated with funding the program related to Medicaid match.

To summarize, according to the data presented in Figure 2, the cost savings for reducing mailings is minimal. The overall cost between sending 100 and 1,000 mailings does not change significantly. This is because the costs for staff, which is approximately half of the program, do not decrease as the work still requires a full staff to develop materials and maintain the process. If mailings were bundled, it may end up costing more due to increased envelope and postage costs. Additionally, if increasing partner fees is explored, there is risk of losing these partners that would offset some of the potential costs savings from reducing mailings (more about this in Part C).

*Part B: Summary of Pros and Cons for Options Considered*

	<i>PRO</i>	<i>CON</i>
<i>Reduce Frequency of Mailings (elimination of mailings)</i>	<ul style="list-style-type: none"> <li>• Cost savings</li> <li>• Medicaid match funding is not dependent on content sent</li> </ul>	<ul style="list-style-type: none"> <li>• Cost savings is not significant</li> <li>• Families receive important health information less frequently</li> <li>• IIS addresses are not kept as current with less frequent mailings</li> <li>• May lose funding from dissemination fees if mailings are less frequent</li> </ul>

*Reduce Frequency of Mailings (batch mailings)*

- Potential cost savings
- Parents receive all materials
- Cost savings is not significant
- Information is not as timely
- Families may discard if age is not appropriate at the time
- IIS addresses are not kept as current with less frequent mailings
- Significant delay for vendor to build
- Low open rates (most DOH email subscriptions are ~15-40%)
- Equity and access issues

## Part C: Available alternative funding sources

Medicaid match, a substantial funding source for the program, has been essential to the viability of the work of Child Profile. Data have historically and consistently shown that approximately 50 percent of all women giving birth in Washington state are on Medicaid. Currently, Medicaid covers 50 percent of Medicaid-eligible costs, which includes Child Profile services. This is matched with state funding at 25 percent. However, if the percentage of births covered by Medicaid in Washington state is higher than 50 percent, the program may be able to get marginally higher Medicaid federal participation. For example, if the percentage of Medicaid births has grown to from 50 percent to 55 percent, then the program would be eligible to claim 50 percent costs of the 55 percent of eligible clients, meaning 27.5 percent of the Child Profile costs may be covered by Medicaid. Table 2 provides an example of what funding might look like with increased Medicaid-eligible births.

*TABLE 2: Example Funding Scenario for Child Profile based on Percent of Medicaid-Eligible Births*

<i>CHILD PROFILE FUNDING</i>	<i>Eligible Births(50%)</i>	<i>Eligible Births (55%)</i>
<i>Total Program Funding Costs</i>	\$2,000,000	\$2,000,000
<i>Medicaid match</i>	\$500,000 (50% cost of 50% births)	\$550,000 (50% cost of 55% births)
<i>State funding match</i>	\$500,000 (50% cost of 50% births)	\$550,000 (50% cost of 55% births)
<i>Additional Funding (Funds remainder of program)</i>	\$1,000,000	\$900,000

As previously mentioned, the program currently charges partners a dissemination fee to include their materials in the Child Profile mailings. These fees are collected through contracts with partners, which total approximately \$65,000 annually. In 2019, a thorough assessment of the dissemination fees determined the initial charge to these organizations was no longer feasible. The fee increased from .01 cents per mailing to .03 cents per mailing, which was a substantial increase to partners. For example, if a partner usually sends 100,000 mailings a year, their fee increased from \$1,000 to \$3,000. This is not a significant revenue increase for the department; however, it could be a significant fee increase to partners for this service. This fee covers essentials such as envelopes and postage. However, this fee has never been assessed to include the staff time it takes at the department to work with partners. There is concern that any

additional fee increases, especially so close to the recent increase, may likely affect continued partnerships.

Another consideration is establishing a new fee structure. As a funding stream of state dollars, this may be able to be matched via the Medicaid match as noted above. This could be a consistent flow of revenue that could keep the program moving forward at its current level with possible further expansion.

Fee options considered:

- Facility Birth Fee:** This option considers adding a fee for the birth of each child born in Washington state. There are approximately 85,000 births per year in the state. This proposed fee would be charged to the facility in which the child is born, and in turn billed to insurance. Currently, DOH has a similar mechanism for billing Newborn Screening fees to facilities at birth for services associated with costs for screening all newborns. There is potential to explore adding a Child Profile associated fee using a similar, yet separate, process. It is important to note that other programs related to birth services, such as the Early Hearing-loss Detection, Diagnosis and Intervention (EHDDI) Program, are also considering a similar fee at this time. These other fees would have a cumulative impact for facilities and insurance companies.
- Birth Certificate Fee:** This option would explore charging a potential fee for each birth certificate issued in Washington state. The total number of birth certificates issued in Washington state in 2019 was 305,997. There are several concerns to be addressed when considering this fee option. First, the Washington state birth certificate fee will increase starting Jan. 1, 2021, due to 2019 legislation, making it one of the highest birth certificate fees in the country. Second, the fee would be paid directly by the consumer, which creates additional inequities for marginalized populations. Lastly, \$11 (44%) of the birth certificate fee and any vital record issued in Washington state currently supports the death investigations account. In addition, the vital records statute would need to be amended to increase the birth certificate fee again and to direct the fee revenue to Child Profile.

*Part C: Summary of Pros and Cons for Options Considered*

	<i>PRO</i>	<i>CON</i>
<i>Increase Dissemination Fees for Partners</i>	<ul style="list-style-type: none"> <li>Revenue streams already exist so effort may be slight</li> </ul>	<ul style="list-style-type: none"> <li>Revenue increase would be modest</li> <li>Could risk losing partner participation since the fee recently increased significantly</li> </ul>

		<ul style="list-style-type: none"> <li>• Several organizations are other state agencies that would experience this cost increase</li> </ul>
<i>Increase Medicaid match funds</i>	<ul style="list-style-type: none"> <li>• Revenue stream already exists, so effort may be slight</li> <li>• Funds can be match according to % of births eligible for Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• Need to obtain dedicated GF-S funds to support the match</li> <li>• Increase is likely not significant</li> <li>• % of births could go below 50%</li> </ul>
<i>New Fee Structure</i>	<ul style="list-style-type: none"> <li>• Could generate funding needed to support program</li> <li>• Potential to incorporate into existing DOH fee structure or model current fee structure</li> </ul>	<ul style="list-style-type: none"> <li>• May be difficult to approve fees</li> <li>• Other fees are being considered that may have a cumulative impact on fee payers</li> <li>• Currently WA has one of the highest birth certificate fees</li> <li>• Creates inequities for those needing birth certificates</li> <li>• Would need to open statute to get some fees or increases approved</li> </ul>

## Part D: Use of the system for other public awareness campaigns

The Child Profile Health Promotion System uses the Washington State Immunization Information System (IIS) for its database functionality. The data in the IIS comes from the Center for Health Statistics, health care providers, and health plans. Any requests for use of the data for a public awareness campaign must go through a data request process.

If granted, address data would be pulled from the IIS by the Office of Immunization and Child Profile. This data does not come from the Health Promotion demographic record in the IIS, but from the patient master record. For this reason, the Child Profile Health Promotion Team cannot give out address data to other programs.

Currently, the only people able to view and use records from the IIS are:

- A doctor, nurse, clinic, or pharmacy that provides care to a patient or their child.
- School staff to help get immunization records needed to go to school.
- Health officials or approved researchers in an effort to improve the health of Washington residents.

Strict parameters have been set and must be maintained on what messaging is shared through this method. They would need to align with public health education and closely tie with the Bright Futures messages. In addition, the risk of oversharing of information must be considered so that important health messages related to Child Profile are not diluted in the process.

### *Part D: Summary of Pros and Cons for Options Considered*

	<i>PRO</i>	<i>CON</i>
<i>Use of System for Other Campaigns</i>	<ul style="list-style-type: none"> <li>• Generate revenue to support program</li> <li>• Ability to use messaging system to quickly alert the public of emerging health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Need to be granted access</li> <li>• Data request process</li> <li>• Over messaging to audience</li> <li>• May not be a stable and consistent source of funding</li> </ul>

## Recommendations

The Department of Health was asked to review its processes for efficiencies and possible technological advances to reduce costs in future biennia. It is important to respect the effectiveness of delivery and content that the program has provided Washingtonians for more than 20 years. To maintain the integrity of the program, it is essential that consistent and stable funding be appropriated. The following multi-faceted approach is recommended to ensure ongoing viability of this important work.

**Recommendation #1:** Support the Child Profile Health Promotion Program's current structure with dedicated General Fund-State funding. The population health interventions provided by this program benefit all Washingtonians by investing the health of our children.

**Recommendation #2:** Fund the Child Profile Health Promotion Program for an additional year to further explore how to integrate a fee to support the program in the future. Due to the department's efforts dedicated to COVID-19, the ability to work with appropriate staff to integrate a fee structure will be limited and the work would be difficult to complete by the end of fiscal year 2021.

## Conclusion

The Child Profile Health Promotion work has been a vital asset to the people of Washington for more than 20 years. Data shows that the information provided to families is beneficial and well utilized. When considering options for increased efficiency and electronic service delivery, it is also important to keep in mind the accessibility and equity issues for priority populations. To keep Washington kids healthy, it is important to ensure parents have access to important and timely information regarding their child's health and wellness. These efforts are intended to have broad benefit for all Washingtonians across the state, as everyone benefits from population health interventions such as those done by the Child Profile Health Promotion program.

There is nothing more fundamental to public health than the well-being of our most vulnerable population, our children. To keep Washington kids healthy, it is important to ensure parents have access to important and timely information regarding their child's health and wellness. The Child Profile Health Promotion work has been an ongoing vital asset to the families of Washington. The Department of Health continues to be in the most appropriate position to provide this essential work, with the expertise needed to develop and maintain these critical messages and the direct access to information that allows us to reach so much of the target population.



## Appendices

### ESSB 6168(221)(72)

(72) \$1,000,000 of the general fund—state appropriation for fiscal year 2021 is provided solely to cover increased costs for the child profile health promotion notification system. The department shall review its processes for efficiencies and possible technological advances to reduce costs in future biennia. The department should review at least the following: (a) Use of technology; (b) frequency of communication; (c) available alternative funding sources; and (d) use of the system for other public awareness campaigns that might create new funding streams. The department shall report its findings and any recommendations to the legislature by December 15, 2020.

