Parents and Pamphlets: Unraveling the Mysteries of Parent Responses to Pediatric Handouts

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Abstract

Written handouts are usually provided to parents at routine pediatric visits, but little is known about how parents use this written medical information. To explore this topic, handouts provided by the American Academy of Pediatrics (AAP) Bright Futures Initiative were analyzed and 20 parent participants were interviewed to learn about their personal experiences with pediatric well-child care (WCC) and their use of handouts distributed during WCC visits. Results of this study determined that the four responses to health promotion materials are revelation, reminder, reassurance, and rejection. First-time parents are most likely to use handouts. Handout use may increase when they are provided at the beginning of visits, when they are personalized to each family, or when providers discuss them directly with parents. Further, results suggested that handouts are largely used by parents to reinforce existing beliefs rather than challenge or change them.

Introduction and Background

Importance of Well-Child Care

In the United States, many children are routinely seen by a pediatrician for well-child care (WCC) visits, during which pediatricians provide physical examinations and discuss important health, developmental, social, and behavioral topics that may significantly impact the child’s life (Norlin et al. 2011). Physicians typically assume that WCC improves the child’s lifelong trajectory and reduces the possibility of developing chronic diseases such as diabetes later in life (Norlin et al. 2011). Educational screening and intervention for school performance may also occur during WCC visits (Norlin et al. 2011). WCC can potentially stimulate early detection of problems, prevent negative health outcomes, and encourage healthy behaviors.

According to the Washington State Department of Health, during a typical WCC visit a nurse or medical assistant sees the family first, then a doctor examines the patient more thoroughly and gives health promotion materials to parents.
(Organizational Research Services 2010). Throughout this paper, the term parent is broadly used to apply to a biological parent as well as a legal guardian. During a WCC visit, parents want to be reaffirmed in their ability to care for and make decisions for their child. Factors that may increase satisfaction and adherence to treatment decisions are: the context in which information is communicated; finding a treatment that meets the needs and expectations of the patient; patient involvement in gathering information about treatment options and decision making; and a positive, supportive, encouraging attitude of the provider (Brown, Stewart, and Ryan 2003). Pediatricians use questions to inform and compliance-gaining strategies to motivate parents to comply with usual parental practices relating to health care (Parrott, Burgoon, and Ross 1992). This review suggests that patient and parent satisfaction and adherence to the physician’s suggested treatment and directions depend on two major components: patient-provider interaction and communication of information (Brown, Stewart, and Ryan 2003).

The complexity and volume of health promotion information often exceeds the patient-provider interaction time at each pediatric office visit (Sanders et al. 2009; Brown, Stewart, and Ryan 2003). To supplement interaction time, primary care providers typically offer health information handouts for patients and parents. According to a study on injury prevention for patients age 6–20 months, parents who received information specific to their child’s needs and discussed this information with a physician experienced better results than those parents receiving generic information (Nansel et al. 2002). Therefore, care providers can assist parents by presenting and discussing handouts tailored to parent needs. Since there is not enough time during WCC visits to address all of the physical, cognitive, and behavioral changes children go through as they develop, providers distribute handouts to parents. Lack of time is the supposed problem, and handouts are the proposed solution. The qualitative study reported in this paper examines how parents use handouts provided during WCC visits. This paper first reviews literature about how handouts should be created, distributed, and presented and then describes interviews during which parents were asked about WCC handouts.

Information Provision and Reception

According to the Health Belief Model, individuals are more likely to accept a behavior pertaining to their health if they have incentive and confidence and understand the risks and benefits (Corcoran 2011). Providing appropriate verbal and written information, such as handouts given after routine pediatric visits, may persuade individuals to adopt healthy behaviors. Handouts are believed to increase patient satisfaction and adherence to treatment. Health promotion topics vary based on age group and development of the patient (Organizational Research Services 2010). Many providers offer a unique handout to parents at each WCC visit, which pertains to the child’s health needs at a specific age. This is important because a child’s development and needs are different at each stage of their growth. Parental use of written health information may depend on whether it is physically available, intellectually understandable, and visually appealing.

Previous studies found that health information for the care of young children was typically delivered in verbose, multipage pamphlets that were too complex for many adults to read and comprehend (Sanders et al. 2009). By contrast, using phrases such as “you and your doctor will decide your goals” is reader friendly and permits parents to be active in health-care decisions (Seubert 2007). Physicians tend to choose the materials they share based on readability, integrity, visual appeal, and user-friendliness because they want parents to read and apply the health promotion information
(Organizational Research Services 2010). As this selection process suggests, the design of health promotion handouts is critical to both providers and parents.

To write effective health-related educational text, health-care professionals must consider the content, organization, layout, and accessibility of the text (Abraham and Kools 2012). Handouts can fail in two ways: (1) they fail to appreciate the health literacy of the audience and (2) they fail to engage the audience. Health literacy is explained as “an individual’s capacity to understand and use health information to meet individual and family health needs” (Sanders et al. 2009). Health literacy designers must consider their audience’s capacity and motivation to read such material. For example, socioeconomic status of parents is correlated to health literacy and decision making for health-related topics (Yin et al. 2012). Parents who have a low socioeconomic status tend to have low health literacy (Yin et al. 2012). Patients and parents who are classified as having low health literacy tend to be unable to reach a provider during evenings and weekends, convey less confidence in health-related situations, and leave decisions up to a doctor (Yin et al. 2012). When handouts fail to appreciate the health literacy of the audience, they are not useful. Furthermore, even when handouts are accessible to the health literacy level of an audience, handouts may fail to visually engage that same audience.

Many leaflets and handouts fail to appeal in form and layout, thus discouraging reader engagement and diminishing the effectiveness of the handout (Abraham and Kools 2012). In Writing Health Communication: An Evidence-Based Guide, Abraham and Kools (2012) describe four basic steps to designing material. Step one is designing the layout, including appropriate page size, line spacing, text margins, and anticipating its effect on readers. Step two is use of text structure, graphics, and color to maximize attention, accessibility, and impact on an audience. Step three is to “get the message right,” meaning that writers of handouts should know their readers’ preconceived notions about a topic and how ready they are to change routines and practices if necessary (Abraham and Kools 2012). Step four is to evaluate material by testing the effectiveness of its intervention on a small sample group and then to make necessary adaptations. The American Academy of Pediatrics (AAP) endorses the Bright Futures Initiative, a program that was created by using similar methods to those described above.

**Bright Futures**

Bright Futures was established by the AAP. It provides guidelines for medical education and training to supplement clinical care and knowledge to treat the whole child (Stoltz et al. 2008). Partnerships between families, communities, and health-care professionals are encouraged by this initiative, in order to increase health education (Stoltz et al. 2008). It includes the provision of handouts as a key component of WCC. The Bright Futures curriculum emboldens health professionals at all stages of their careers to integrate health promotion material and concepts into their practices because it provides action-oriented resolutions to advance the health and well-being of children and families across the country (Stoltz et al. 2008). In sum, this program suggests that handouts can increase prevention behaviors and promote children’s health.

The Bright Futures curriculum is useful because it presents information in an appealing, accessible, and structured format (Zimmerman et al. 2006). The handouts contain fundamental information in an easy-to-read style (Zimmerman et al. 2006). They are visually attractive and present information in a bullet-point format to facilitate quick and easy reading. The intended audiences of Bright Futures material are families, pediatric health-care providers, and community representatives. Bright Futures has been used in various states including Maine, South Carolina, Louisiana, Virginia, and
Georgia as one of the guidelines for policy making and children’s health standards (Zimmerman et al. 2006). Since Bright Futures handouts are endorsed by the AAP and used throughout the United States, it is justifiable to use them as one of the main focuses of this research on WCC.

Justification for Study

As this literature review suggests, much is known about how handouts should be created and distributed at WCC visits. However, little is known about how handouts are distributed and how parents process the information in the handouts. We need additional studies to help providers better understand the link between theory and practice in handout design and distribution. The goal of providing written health information is to prepare parents to make good health decisions for their children, but little research demonstrates if, or how, this purpose is being achieved. While the early research on Bright Futures shows some practitioners are incorporating these materials into their practices, little research has been conducted examining how parents are using them. The following research questions guide this study:

1. Do parents receive health promotion materials at WCC visits?
2. How do parents use these handouts to make health decisions for their children?
3. How do AAP handouts meet parent needs?

Method

Data Collection

Data was collected in 2013, through qualitative semi-structured interviews, involving 20 parents of children age four and younger. Interviews allow participants to tell stories with total freedom or give accounts that justify their behavior (Lindlof and Taylor 2002). In this study interviewers permitted parents to explain how and why they used handouts received during WCC visits. The interviews in this study were semi-structured in nature; therefore, as additional topics emerged they were explored. For example, because vaccination handouts are routinely provided to parents, this became a key topic of conversation in some interviews. Eighteen individual interviews were conducted with mothers and one interview was conducted with a mother and father who were married and had children together.

Approval of this research project was granted by the University of Wisconsin Oshkosh Institutional Review Board. All potential research participants were provided with information about the study prior to agreeing to participate. If they made the decision to be interviewed, participants signed a written informed consent document agreeing to voluntarily participate in the study and be tape-recorded during the interview.

The interview included two stages. First, questions were asked to explore how parents had received and used handouts provided during their children’s WCC visits. Second, parents were asked to review Bright Futures handouts to evaluate their effectiveness. Because it was unlikely all parents retained the handouts they typically received at WCC visits, it would have been difficult to use those to determine how parents felt about the layout and content of health promotion handouts. Furthermore, the Bright Futures curriculum is promoted by the AAP and served as a consistent text for parents to comment on.

Study Participants

Parent participants were recruited through Mothers of Preschoolers (MOPs) groups in midsized communities in Wisconsin. Additional parents were recruited
through snowball sampling, which means we asked participants to refer other potential participants for the study.

Parents ranged from 23 to 43 years of age. Nineteen participants were female and one participant was male. Participants provided their highest level of completed education: three completed some college, fourteen were college graduates, and three had earned a master’s degree or beyond. Participants’ level of education was high, and they had access to quality health care. These data suggested the participants had a relatively high level of health literacy. Health literacy is defined as a person’s ability to understand general terminology related to health care. In this paper, it is specifically a parent’s comprehension of suggestions a provider may make regarding the health of a child at a WCC visit. That most likely impacted participant responses and opinions about WCC and handouts. The majority of participants had multiple children: three participants had one child, six had two children, four had three children, four had four children, one had five children, one had six children, and one had seven children.

Data Management and Analysis

All interviews were audio-recorded and transcribed with both verbal and signed consent from the participants. Interviews averaged 20 minutes and yielded 81 single-spaced pages of transcripts. Transcriptions were analyzed using a modified grounded theory approach (Charmaz 2006). In the first stage of data analysis, my mentor and I reviewed eight interview transcripts to identify major categories of information. Through discussion, several major categories were identified and refined including distribution and use of handouts, provider-parent power dynamics, vaccinations, and health information sources. We used the constant comparative method of data analysis to further refine these categories during analysis of the final eleven interviews. In the second stage of analysis, the quotations in each of these categories were coded, and codes were compared to find connections and themes across the data.

In addition, study participants and researchers analyzed written handouts provided by AAP Bright Futures. I used content analysis to identify the major themes of the Bright Futures handouts for children ages 12 months to 4 years. Participants were given the handout that matched their child’s age and asked to provide feedback about the format and content of the handout.

Findings

Distribution and Use of Health Promotion Materials

The distribution and use of health promotion materials varied. Some parents reported receiving handouts, while others did not. The way handouts were delivered by providers and received by parents seemed to have some influence on use. Four major categories of handout use were identified: revelation, reassurance, reminder, and rejection. Parents evaluated Bright Futures handouts and suggested improvements.

Do Parents Report Receiving Handouts?

Parents reported receiving three different types of handouts: WCC handouts, vaccination handouts, and injury/illness handouts. Of the 20 parent participants, 17 recalled receiving handouts at WCC visits similar to the Bright Futures handouts, with information about milestones and safety for a particular age group of children. Three parents did not recall receiving handouts similar to what the AAP recommends. One of these three received a sheet of paper with the child’s height and weight measurements. Another of the three was given login information for a personal account on MyCharts, an online account that stores patient information. However, the parent had not yet
looked at MyChart. The third parent was only given vaccination handouts, which she did not read.

**Reception and Use of Well-Child Handouts**

Of the 17 parents who received handouts, 12 found these handouts useful, 4 did not read them, and 1 did not report on their usefulness. Overall, handouts tended to be used more frequently by first-time parents, when they were discussed by the health-care provider, and when they were personalized. They were used less frequently by parents with multiple children or when given to parents at the end of the visit with no discussion.

Six of the 12 parents who received and used handouts appreciated that the handouts were specific to their child. Julie, a mom of two, did not remember when or from whom she received the handouts, but reported that she liked receiving them because she appreciated looking at the results of the visit and her child’s vitals, which were recorded in the handout. This confirmed research by Nansel et al. (2002), which suggests that even without explanation, tailoring handouts to the specific child increased usage.

The same study also proposes that parents who discussed handout information with a health-care provider experienced better results than those parents receiving generic information (Nansel et al. 2002). Three parents reported positive relationships between their families and their pediatricians and recalled receiving handouts from their pediatricians during the middle or end of the visit. Kelly, a mom of four, appreciated that the doctor “highlight[ed] any changes that have come along . . . and address[ed] any changes that happened between the last kid and this kid.” Charlie, a mom of two, reported that the doctor “highlight[ed] a few things that are important.” The third parent, Sarah, a mom of seven children, said that the doctor explained the handouts. She appreciated the information and found it reassuring. Sarah also had access to an online account containing medical records for each of her children. She had not yet accessed this account, but did appreciate the opportunity.

Parents were more apt to use health promotion materials when a physician, nurse, or medical assistant explained them. Two parents who used the same physician recalled that the nurse gave them handouts and explained the material at the end of every office visit, not just WCC visits. The parents appreciated and used these handouts. This suggests that the primary caregiver or support staff can increase handout use with explanation.

While discussion increased use, another way to increase use of handouts was to provide them to parents at the beginning of the WCC visit. Three of the parents recalled receiving handouts from the nurse at the beginning of the WCC visit and reading them briefly while waiting for the doctor. An explanation of the information was not provided to these three parents, and one of them said the handout felt like a checklist to make sure the doctor remembered to talk about everything that was important for a child that age.

Finally, regardless of timing, discussion, or specificity, handouts were used much more by first-time parents. Two first-time moms who received handouts at the end of a visit both read the handouts and found them helpful. One parent recalled stopping at the front desk as she left to receive handouts that included the doctor’s notes from the visit. The parent read the notes briefly at first, then more thoroughly later. Although no explanation of handouts was given to these mothers, they used the handouts. The importance of handouts to first-time parents was underscored by the lack of handout use for parents of multiple children. All of the four parents who received handouts but did not use them had multiple children (ranging from a minimum of three to a
maximum of five children). Two of these parents received handouts at the end of
the visits, without any explanation of the information they contained. One received
handouts from the doctor and the other could not remember who gave the handouts.
The other two moms who did not use handouts were given them by the nurse at the
beginning of the visit. All four moms said they read the handouts when they were
first-time moms, but no longer read them.

While the use of WCC handouts varied based on four conditions—when provided,
first-time parent status, explanation, and specificity to the child—the use of vaccination
handouts was almost nonexistent, though the parents interviewed believed providers
were required to disperse the handouts. The next section provides an explanation for
how parents used these handouts and why WCC handouts were used more frequently
than vaccination handouts.

**How Did Parents Use Handouts?**

Parents used WCC handouts for three main reasons: revelation, reassurance, and
reminder. This study found that a fourth response to handouts is that some parents
reject the information handouts provide.

**Revelation**

Under the category of revelation are those parents, largely first-time moms, who
used the handouts to garner new information. Nina, a mom of two, noted, “I think with
my first I probably read everything that I had gotten and I was watching for them to
hit different milestones and using suggestions of try to play this with them and these
are things they might like doing.” Sally, a mom of three, added, “Many first-time
parents would especially find [handouts] helpful because they don’t exactly know
where to start always. Especially those who were younger and didn’t have younger
siblings of their own. . . . And the whole car seat belt stuff is good because the laws
seem to change quite frequently on how tall you have to be and how much you have to
weigh and what direction should you face . . . so that information is helpful, especially
given that there are laws regarding it and you don’t want to be unintentionally
breaking the law.” Sally’s quote suggests that even non-first-time parents may use the
handouts for revelation in cases when health and safety programs frequently change
recommendations.

Kaley, mother of two, liked the Bright Futures handouts because they gave her new
insights on what stages her children are currently in. Kaley had younger children who
were not yet able to verbalize their thoughts. So, she appreciated reading about the
developmental stages they were progressing through: “It’s nice because you see how
much they are capable of and how much they understand even if they can’t tell you. A
lot of things on here that maybe you wouldn’t even think of either. Ooo toilet training.
Yes, I really like this. It would be helpful to get something like this at each stage.”
After the interview, Kaley requested to look at additional handouts to discover how her
children would develop in the near future. Many parents, like these three, appreciated
the handouts for the revelations they provided.

**Reassurance**

Second, some parents appreciated the reassurance the handouts provided. As a
parent of four children, Jane was already doing what the health promotion materials
recommended, so she felt reassured in her parenting practices by reading it: “I think
it’s always helpful to have something that gives a parent a check. . . . It’s easy to think
you got it down, but there’s always something. It even is good for just affirming too.
Even if you’re a good parent, affirmation is important and it’s not out there. If you
are doing 90 percent even, it encourages you to keep doing what you’re doing. I think that’s an angle that it’s not always helping those who need help, it’s also [reaffirming].” Kaley, mother of two, was concerned about her younger daughter’s physical delay in developing the ability and motivation to walk. She reported, “There are kids that walk later than she did but it was just nice to see in black and white that she was still in the range.” Kaley appreciated a handout from her pediatrician that explained a range of milestones encountered at specific ages. The tangible knowledge provided her with reassurance.

Ana, mother of two children, stated that she reads handouts briefly at the visit, puts them in a stack of papers at home, then reads them a little more as she files them away. When asked how helpful the handout was, Ana replied, “It was good because it’s a good measure to see if my kids are where they should be.” The papers she received were more detailed than the AAP handouts but discussed the same topics and provided the same reassurance.

The handouts listed advice that some parents were already following. The parents who read handouts distributed by a medical provider were encouraged to know they, as parents, were practicing “good” parenting skills and helping their children develop in a healthy manner.

Reminder

Third, health promotion materials were used as reminders. These contrast with revelations in that promotion materials were typically for parents who had known the information at some point and needed a quick refresher, whereas revelations referred to wisdom received by the reader for the first time. Barb, mom of three, appreciated that handouts given at the beginning or in the middle of a WCC visit reminded her of questions to ask the physician: “They do help a little. I can’t say I’ve ever used them but I think it’s a good outline checklist for the pediatrician to go over. While it’s just a one blurb sentence, it sparks me to think, oh I did want to ask this. When you go in [to the doctor’s office] sometimes you forget so it’s a good reminder.” Although Barb did not read handouts, she did briefly glance at them during the visit. Julie had a similar opinion: “A lot of it is checkpoints, and if you can’t do something you talk about it with the doctor.” Nina agreed: “It would remind me of things I should be asking about.” After the WCC, Sarah used the reminders to help her family at home: “It reminds you of hazards, maybe in your home. Or maybe covers over the light sockets or watch for lamp cords or things you might forget about. Also, child’s basic habits, so if they are drinking milk how many ounces of milk they should have a day. Then there are also the papers on car seat safety.” Joyce, mom of four, appreciated the reminders that she did not often think about: “With the things regarding children and being safe with adults, protecting their own bodies, I think it’s probably a good reminder because many parents want to avoid that or are in denial that it may ever happen.” Parents appreciated different types of reminders depending on the physical and emotional milestones their children faced at different ages. As these comments show, the timing of handout provision can influence whether the handouts served as reminders that guided parent-provider interaction during the WCC visit or parenting practices after the visits.

Rejection

A few parent participants rejected the handouts because they believed the health information on them was common sense. Tarah, mom of two, stated, “If your child is healthy, to me, when I read this, this will sound terrible or stereotypical, most of this should be common sense. No TV in your child’s bedroom. Who would put a TV in a three-year-old’s bedroom? Seriously, sit in car seats? You should know this as part of
your responsibility of being a good parent.” She later added, “All this stuff is common sense to some, [but] not everybody has common sense.” Tarah did not use handouts because she viewed them as providing extremely basic information.

When parents held a strong viewpoint on a topic, such as opposing vaccination schedules, they were more likely to reject the information health-care providers gave. Many of the participants in this study had already decided how they wanted to vaccinate their children before they discussed it with their pediatricians. When pediatricians attempted to persuade parents to vaccinate their children on a previously set schedule, parents opposed to the schedule typically became frustrated instead of compliant. Pat, mom of four, felt pressured by her doctor: “I was still going to have them done, I was just going to spread them out. The pediatrician that we saw was not happy with me to the point that he sent another pediatrician in to try to talk me into having the immunizations done even though I didn’t want to, and I had good reason to not want to. I just really felt pressured that way to stay on their schedule and do what they wanted me to do rather than what I wanted to do.” Victoria, mom of two, stated her belief that pediatricians only present information supporting vaccinations: “If you are worried about your kid, they are very compassionate, but once you start talking about immunizations and not wanting to do them, you really hit a wall. Maybe everyone’s not that way, but the only information is how safe and good it is.”

Just as parents who did not plan to vaccinate had very strong opinions, those who planned to vaccinate their children did too. Sally, mom of three, has had her children immunized because, she said, “I have friends who don’t immunize at all and I’m against that because I don’t think that’s fair that I have to do it because I feel like if nobody does it we are sending ourselves back a hundred years.” Regardless of whether they were for or against vaccinations, none of the parents reported reading or using the handouts provided when their children were immunized. This rejection of immunization handouts, even by parents who used other handouts received at WCC visits, may indicate that when parents believe an issue is controversial and they have strong opinions on the issue, they are unlikely to read handout information at all.

How Do AAP Handouts Meet Parent Needs?

After participants described health promotion materials provided to them at WCC visits, they were asked to review the handout that corresponded most closely to their child’s age (between twelve months and four years). Parents’ comments on the Bright Futures handouts reinforced the four responses to handouts: revelation, reassurance, reminder, and rejection.

Positive Feedback

Parents seemed to appreciate the simple layout, which enabled quick reading of the handouts for reminder and reassurance. They appreciated that the Bright Futures handouts were one-sided and one page, and that the information was presented in sections and bullet points. Parents replied that adding graphics was not necessary because they take up space and give the impression that information is common sense.

Constructive Feedback

Participants proposed some content and layout changes. First, they wanted increased access to the physician, including a 24/7 nonemergency phone number, clinic hours, and a clinic phone number. Second, parents wanted milestones listed and a printout of their child’s vital signs and percentages of height, weight, and head circumference so they could follow their child’s growth curve. Third, parents requested more information in the handouts, such as at what age children should be
feeding themselves, the amount of milk children should have at each age, how children verbalize what they are thinking, amount of Tylenol and Ibuprofen to give at each age, choking hazards, more information on developmental abilities, and specific ideas of gross motor activities.

Rejection was also evident in parent statements about the AAP handouts. Some of the parent participants were offended by “common sense” information, such as descriptions of seat belt laws. After viewing this information that they already knew, they felt they would not learn anything by reading the remaining parts of the handout. It should be noted, however, that other parent participants valued this same information as revelation or reassurance. This supported the proposition that handouts should be tailored specifically for different families for a better chance of avoiding rejection.

Where Else Do Parents Get Health Information?

Some parents rejected information received from health-care provider’s offices, which validated current research. A majority of participants who rejected the provider’s information or wanted additional health information solicited health information from books, magazines, websites, their own parents, or family members who were medical professionals. Common online sources included babycenter.com, WebMD, blogs, Facebook posts, healthimpact.com, and Google. Jan, mom of one child, stated: “I think most parents prescribe to Baby Center. Just being able to read that easily with my time, I’d say it says the same things [as handouts]. It’s a repeat of all the information and probably a good reminder for people who are going through it with their third or fourth child.” Like Jan, many participants considered these sources and pediatrician handouts equally reliable. As with handouts provided during WCC visits, parents turned to these supplemental sources for revelation, reminder, and reassurance.

Discussion

Health promotion material was initially intended to supplement limited interaction time among patient, parent, and provider during pediatric health-care visits. Currently, the material is also provided to increase patient satisfaction and promote prevention behaviors. The AAP created Bright Futures to foster partnerships among families, health-care providers, and communities in an effort to care for and treat the whole child (Stoltz et al. 2008). These positive outcomes can only be achieved if parents use the health promotion material provided. This study found that parents view handouts as one potential source of health information; however, the parents did not seem to consider the handouts a particularly influential source if they did not already agree with the information.

The 20 interviews showed that parents used these handouts to either learn new information or reinforce current beliefs but not to challenge existing beliefs and practices. First-time parents were more receptive to information in the handouts and used them more for revelation, whereas parents with more than one child were more confident in their previous experience than the material provided and used them more for reassurance and reminder. In some cases, particularly with respect to vaccination handouts, parents rejected the handouts entirely and found other sources of information.

The study found that many non-first-time parents did not want doctors to tell them what decisions to make for their children, and this rejection of provider authority also carried over to rejection of handouts. Instead, parents wanted doctors to respect parental authority by supporting the parents’ decisions. Joyce, mom of four, reported that pediatric medical staff were sometimes: “usurping parental authority” when they told the parent “you need to do this” instead of giving a reminder. Joyce also reported,
“There is a place for doctors, but people put them in a place where everything they say is golden. But they don’t know everything. And they are learning all along as a parent is. Granted they know more than a lot of parents do about health issues, but as a parent you know your child better. So for them to say do this, this and this, they don’t know your kid and maybe that’s not the best for your kid.” Like Joyce, some parents became frustrated, rejected the information, or turned to another source that more clearly supported their position on the issue. In fact, 17 of the parents in this study seemed to hold this opinion and felt that the handout information contained suggestions that they might consider, but would judge based on their belief systems.

Handout use, or lack thereof, suggested information processing patterns similar to those of social judgment theory (Sherif and Hovland 1961). This theory proposes that when a person hears a message on a topic, he/she will compare that message to what he/she already believes about the topic and decide whether to accept or reject the new information (Perloff 2003). His/her latitudes of acceptance and rejection—the range of positions he/she finds acceptable and unacceptable—may be wide or narrow, depending on how strongly he/she feels about the topic (Perloff 2003). When a person has a particularly strong opinion on a topic, as many of these participants did about vaccinations, his/her latitude of rejection is likely to be very wide and he/she is unlikely to objectively process and be persuaded by new information. First-time parents and parents with less experience may be more willing to accept advice from a provider because he/she is less committed to a certain position and his/her latitude of acceptance is wider. These parents are more willing to expose themselves to new information, allowing for the possibility that handouts can lead to more preventative behaviors.

Given the high health literacy of participants in this study, it did not initially seem problematic that parents are using the handouts primarily as a source of reassurance and reminder. These were good parents making good health decisions for their children. However, the complete rejection of the vaccination handouts and the incomplete processing of WCC handouts were somewhat disturbing. Handouts provided when children receive vaccinations typically include information about the risks and benefits of vaccines, when the vaccine should be given, and possible serious reactions to the vaccines (CDC 2013). The fact that parents did not use these handouts—even to compare their current beliefs with that of their pediatricians—suggested that these handouts were, at best, serving no purpose other than wasting paper. More disturbing, however, is the possibility that health-care providers believe that simply providing parents with these handouts is equivalent to providing this information to the parents. Given that only six of the parents in this study had discussions with their care providers about any of the handouts they received, it is possible that care providers have little idea whether parents are processing the information on the handouts.

These interviews advocated that discussion of handouts is especially important because it can help providers judge if, and how, parents perceive the information on the provided handouts. In addition, when providers engage in extensive conversations with parents, providers build relationships with parents and providers may hold more influence over parent beliefs. In the study, the three parents who bestowed significantly more power on their doctors reported more frequent conversations and stronger personal relationships with their pediatricians. Samantha had a well-established relationship with her doctor. She often spoke with him to learn about the stages her child was progressing through and respected his knowledge: “I really just have full trust in my doctor. . . . I just trust the process.” Hana, mom of three, described her relationship with her doctor as excellent and revealed, “I feel comfortable with the choices she gives me. She’s giving me choices that she would also use.” Perhaps when pediatricians have this strong relationship with parents, they are better able to persuade parents to objectively analyze new information.
**Conclusions**

**Practical Implications**

There are four main practical implications of this study. First, when handouts are provided at the beginning of a visit, parents will be more likely to use handouts. This implication was found by noting that parents who received handouts at the beginning of a WCC visit were more likely to read the handout while sitting in the exam room waiting for a provider to evaluate their children. This was particularly relevant to the reminder theme because handouts reminded parents of questions to ask providers during the visit.

Second, providers should ask if parents want handouts and discuss recent findings with them, because many experienced parents do not use handouts. Highlighting the new information on a handout may discourage rejection and encourage parents to use the handout for revelation, reassurance, and reminder.

Third, parental use of handouts was strongly correlated with a discussion of the handouts between a provider and a parent during WCC visits. Even if time constraints prevent the primary pediatrician from discussing handouts with parents, discussion with nurses or other office staff may increase usage.

Fourth, since a common place parents look for information about healthcare is online, health-care providers could maintain clinic websites or blogs that feature relevant information for parents. Websites should include clinic hours, telephone numbers for the clinic, and a 24/7 nonemergency number. The website should also include common childhood illnesses and treatments, dosages of common over-the-counter medications such as Tylenol, seasonal illnesses and treatments, and WCC handouts.

**Study Limitations**

There were some limitations to this study. Only 20 parents were interviewed. All participants were Caucasian, and there was a relatively high level of health literacy among this group. In addition, most of the participants were recruited from local MOPs, so there may have been significant similarities in beliefs among participants. However, these parents are likely to be representative of the larger MOPs community, which numbers over 92,000 members worldwide (Mothers of Preschoolers 2014).

**Future Research**

Given the limitations of the study, future research should be conducted to increase the demographic of participants. Demographics to be expanded upon could include race, gender, amount of education completed, and level of health literacy. This research investigated parent reception and use of handouts, but future research could investigate health-care provider perspectives about the selection and distribution of WCC handouts. In addition, future research could continue to explore why some parents view physicians as having more credibility and authority than others, particularly on the issue of vaccinations.
Bibliography


