

Results of a Formative Evaluation

November 2013

**Prepared for
The Oregon Kids: Healthy and Safe Coalition**

**Center for Career Development in Early Childhood Care and Education
Oregon Central Coordination of Child Care Resource and Referral
Oregon Department of Education, Office of Child Care**

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Introduction

Oregon Kids: Healthy and Safe (OKHS) is a training and online resource for early care and education (ECE) professionals. The resource focuses on practices and policies that reduce injury and illness and promote health in care environments. The current statewide standardized evidence-based OKHS training and eReference evolved over two decades from early versions for child care providers on health and safety in care settings. A paper-based reference, *Child Care Health and Safety Handbook*, was first published in 2001 and was updated and redesigned as an online reference in 2012. The current OKHS curriculum was updated and significantly re-vamped and re-launched in 2012. Oregon Kids: Healthy and Safe (OKHS) is implemented through the OKHS coalition, a partnership between the Oregon Center for Career Development in Early Childhood Care and Education (OCCD); Oregon Central Coordination of Child Care Resource and Referral (CCR&R); Oregon Department of Education, Office of Child Care; and the Oregon Health Authority, Public Health Division.

To date, OKHS resources consist of OKHS training and the online eReference. Trainings are provided to ECE professionals across the state through the Child Care Resource & Referral agencies. OCCD trained 70 professionals from the CCR&R system at a Training-of-Trainers (ToT) event held in April 2012. These trained professionals schedule trainings, and notice of the training dates and locations are posted to the Oregon Registry Online Training Calendar. The ECE providers who participate in the OKHS training receive a flipbook that includes the training workbook and a health and safety quick reference. The online eReference includes two volumes of health and safety information, resource links, downloadable materials and tools and updates in English and Spanish. It is hosted on an OKHS webpage within the Public Health Division's website ([http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthChild care/Pages/OKHS.aspx](http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthChild%20care/Pages/OKHS.aspx)).

Training and online resources have been promoted through the CCR&R system, regional conference presentations and distribution of promotional 3 x 5 cards containing links to the training calendar and the eReference website and a QR code that can be scanned by smart phones and tablets.

The Oregon Health Authority Public Health Division undertook a formative evaluation of the OKHS training and resources on behalf of the OKHS coalition. A formative evaluation is conducted while an intervention is forming to monitor implementation with the intention of further developing and improving the intervention. The specific goals of the OKHS formative evaluation were to understand the: (a) utility of the suite of training, paper-based and online health and safety materials to early care and education (ECE) providers, (b) reach of the OKHS program materials (e.g., who is using them, and in what formats), and (c) users' reactions to the materials. Evaluation results will help inform future decisions about the use of OKHS, marketing and outreach needs, and future program refinements. The following evaluation questions, developed by the OKHS coalition partners, guided the evaluation:

- (1) How has the OKHS training been implemented?
- (2) Who are the users of the OKHS trainings and resources?
- (3) How satisfied with the OKHS training are trainers and participants?
- (4) Are there changes in knowledge levels among training participants?
- (5) Are there changes in practice among training participants?
- (6) How often are training participants using the training materials, and in what format?
- (7) Have participants expressed interest in additional training after participating in the OKHS training or using the eReference online materials?
- (8) How are the eReference materials being utilized across the state? A description of the data collection methods used to answer these questions follows.

Data were collected through several methods. These methods included surveys administered to ECE providers and trainers, post-training evaluation forms administered to OKHS training participants, OCCD Training Calendar data, and Google analytics website data.

Statewide Survey of ECE providers

A convenience sample of ECE providers was obtained by recruiting participants through emails distributed through the CCR&R system and by soliciting participation at regional child care conferences. Three versions of the survey were available on Survey Monkey: a general survey to all ECE providers, a follow-up online survey to OKHS training participants, and a Spanish version of the general survey. Paper versions of the survey were also handed out to conference participants. Survey administration began on June 1 and closed on July 18, 2013. A total of 385 surveys were collected: 354 general surveys, 9 follow-up surveys, and 22 Spanish version surveys. Data from all 3 survey versions were analyzed together because: (a) there is substantial overlap in survey versions; (b) some survey respondents completed the training version of the survey when the statewide survey would have been more appropriate; (c) the response rate to the English version of the follow up survey was very poor; and (d) the Spanish version of the survey contained items from both versions of the English surveys. Analysis of these surveys together presented the possibility that duplicate surveys would exist (e.g., a respondent completing a general survey and a follow-up survey). The majority of survey respondents provided their email address and/or telephone number to participate in survey raffle incentive (84% of general survey respondents, 80% of follow-up survey respondents, and 64% of Spanish version survey respondents). Using this information we were able to identify duplicate records across the 3 surveys. We found 11 duplicates, all of which occurred within the general survey sample. The older of the 2 records was deleted for each of the 11 duplicates, which resulted in a total sample size of 374. Because of we used a convenience sampling approach, we do not know what percentage of child care providers in Oregon completed the survey or what percentage of training participants completed the survey.¹

OKHS Trainer Survey

A survey was distributed via Survey Monkey to 51 Center for Career Development trainers who participated in the OKHS Training of Trainer events. The survey opened on August 26, 2013, and closed on September 30, 2013. Three reminders emails were sent to trainers asking them to participate in the survey. Thirty-four trainers responded to our survey, for a response rate of 67%.

Post-OKHS Training Evaluation Forms

OKHS trainers were asked to collect training participant feedback using a standard 11-item feedback form. Post-training feedback forms were collected from 122 participants in 7 locations across the state using 3 versions of a post-training evaluation form. Data were analyzed together when item content overlapped, and separately for remaining items.

Oregon Center for Career Development in Early Childhood Care and Education (OCCD)

The OCCD provided us with data from the Training Calendar that describes the training scheduled, trainer, date, number of registrants of the training, number of participants, language in which the training was presented, and whether the training was held or cancelled. The Center provided these data to the Public Health Division in an Excel file on September 19, 2013. These data do not capture all OKHS trainings because some trainers work privately with specific centers, the trainings for which are not posted to the training calendar. The extent of undercounting is not known.

Google analytics

Google allows website developers access to data describing usage characteristics of website visitors. Data presented here describe the period from April 1, 2012 (the start of the program) through July 18, 2013 (the date that ECE provider surveys closed). To meet the goals of the evaluation, the OKHS coalition developed 7 evaluation questions. An eighth evaluation question ("How has the OKHS training been implemented?") was added by the Oregon Public Health Division team when OCCD Training Calendar data became available. Findings from our analyses are presented by evaluation question.

¹ As will be discussed, an analysis of OCCD data suggest that at least 390 individuals participated in OKHS trainings held prior to our survey administration. Because 100 statewide survey respondents reported participating in OKHS training, we approximate that our survey was completed by no more than 26% of training participants.

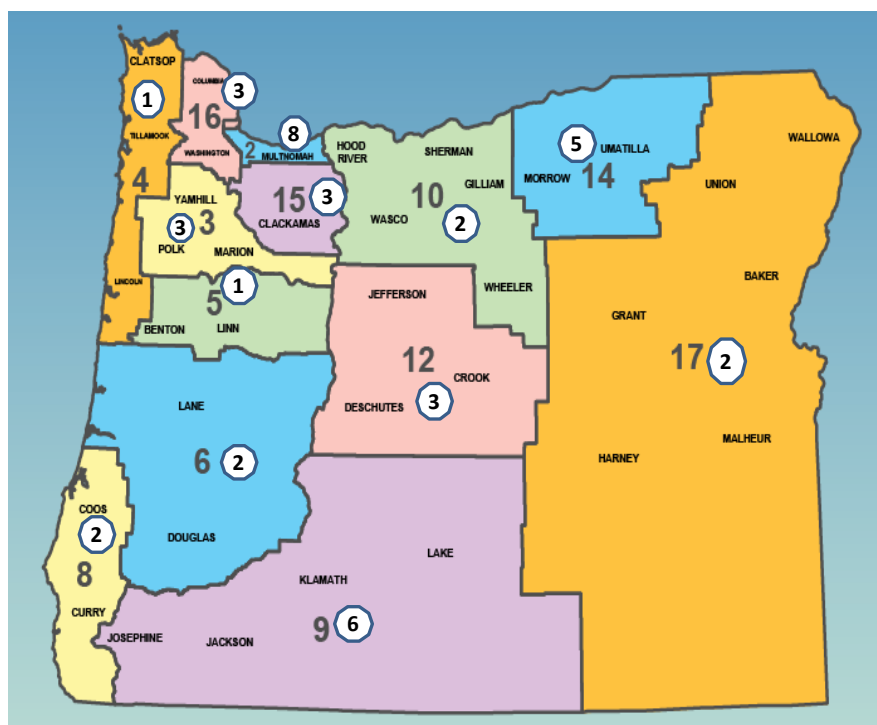
HOW HAS THE OKHS TRAINING BEEN IMPLEMENTED?

Fewer trainers present the OKHS training than participated in the Training-of-Trainers events. Slightly more trainings occur in the northern part of the state than the southern part. Some trainers use multiple methods to publicize the OKHS trainings they schedule. Trainers reported typically distributing training materials as required. Data from 3 sources were used to answer this evaluation question: OCCD Training Calendar data, the survey of OKHS trainers, and the post-training session evaluation forms. Findings are presented by data collection.

Center for Career Development Training Data

Analysis of these data showed that since the 2012 Training-of-Trainers event, 41 trainings have been held; 10 trainings were cancelled due to no or low registration. Twenty-five trainers presented the 41 trainings, which is about one-third of the number of individuals who were trained at the Training-of-Trainers event. At least 1 training event occurred in every CCR&R Service Delivery Area, although a greater percentage of the trainings occurred in the northern part of the state (see Exhibit 1). Eight of the trainings were held in Spanish. Ten participants, on average, participated per OKHS training; the number of participants ranged from 2 to 40. A total of 390 participants were associated with the 41 trainings.

Exhibit 1. Number of OKHS Trainings Held By CCR&R Service Delivery Region, April 2012 - September 2013



OKHS Trainer Survey

Twenty-one of the 34 trainers who responded to our trainer survey reported that they had presented the OKHS training. Nineteen indicated that they had presented the OKHS training 1 to 3 times, and two trainers reported they presented the training 4 to 6 times. Most of the 21 trainers (n=15) who provided the training did so only in English. Three trainers reported providing the training in Spanish only, and 1 trainer provided the training in both English and Spanish. Of the 21 trainers who had presented the training, 6 indicated that they had presented OKHS training in SDA 2. None of the trainers reported presenting the training in SDAs 4, 5, or 10.

Findings

These 21 trainers were asked which of the following strategies they used to alert child care providers to upcoming OKHS trainings. More than half of these trainers reported using the following strategies at least once: announcements in relevant newsletters, postings on the Training Calendar, or announcements on local CCR&R websites (see Exhibit 2). Seventeen trainers reported having used more than 1 strategy, and 15 reported having used 3 or more strategies. Six of the 15 trainers identified announcements in relevant newsletters as the strategy that worked best for reaching child care providers. The second most frequent response was postings on the Training Calendar (n=3 of 15).

Exhibit 2. Strategies for Alerting Child Care Providers to Upcoming OKHS Trainings

Strategy	n
Posted on the Training Calendar	15
Announcement in relevant newsletters, such as CCR&R or child care center newsletters	16
Announcement on the local CC&R website	12
Announcement directly to their child care center or home based child care facility.	8
Word-of-mouth	10

Note: n= 21. Trainers could provide more than one response; therefore, ns will not sum to 21.

Nineteen of the 21 trainers reported that they distributed the OKHS Workbook/Quick Reference flipbook to training participants, and 17 responded that during most trainings participants had an opportunity to use the Workbook section of the flipbook. Seventeen trainers also reported that during most trainings participants had an opportunity to explore the quick reference section of the flipbook. In addition, 17 trainers indicated that they distributed the OKHS promotional cards to training participants. Two trainers responded that they did not distribute the cards because they did not have them.

Training Evaluation Respondents

Training evaluation forms were collected from 122 training participants. Most respondents participated in Multnomah County/Portland area trainings (64%). Other trainings occurred in Clackamas, Washington, and Columbia counties, John Day, Hermiston, Milton Freewater, and Redmond. Trainings occurred between September 2012 and October 2013. Evaluation forms were completed in English (86%) and Spanish (14%).

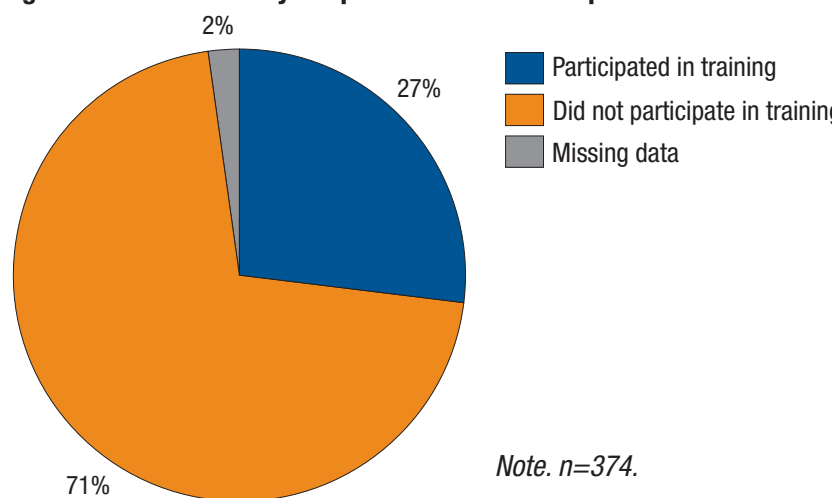
WHO ARE THE USERS OF OKHS TRAININGS AND RESOURCES?

The OKHS coalition sought information that described the participants of OKHS training and users of the online eReference materials. Data from 2 sources were used to answer this evaluation question: the statewide survey of ECE providers and the post-training session evaluation forms. Findings are presented by data source.

Statewide Survey Respondents

Statewide survey respondents were asked whether they had participated in an OKHS training. Less than one-third of the respondents (27%, 100 of 374) reported that they had participated (see Exhibit 3).

Exhibit 3. Percentage of Statewide Survey Respondents Who Participated In OKHS Training

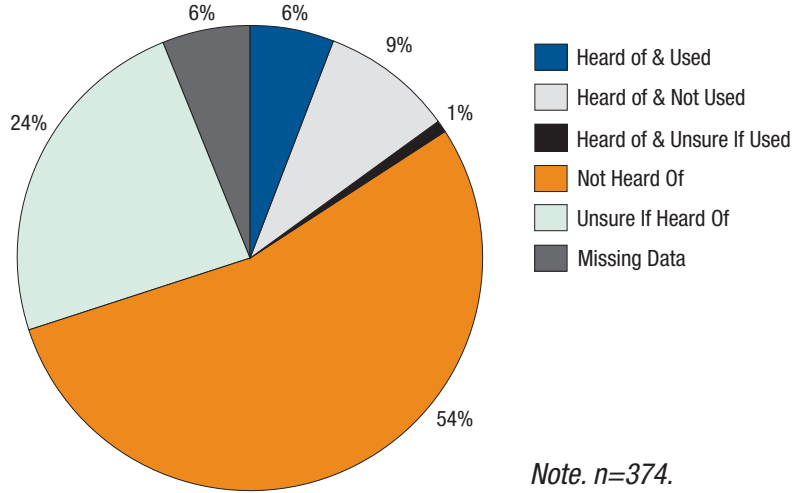


Note. n=374.

Findings

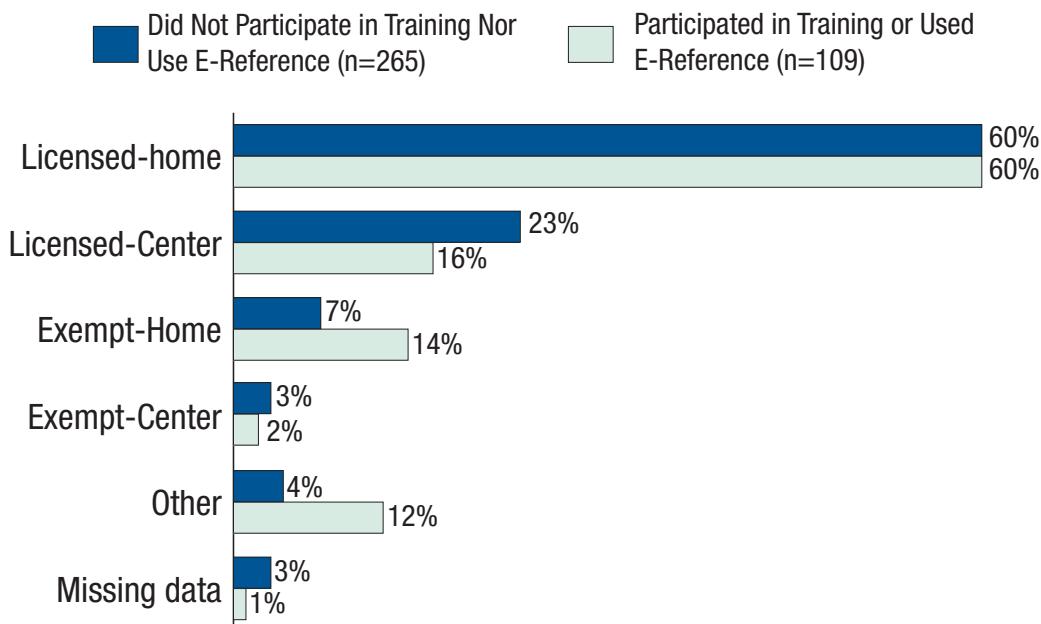
Statewide survey respondents also were asked if they had heard of the OKHS eReference, and if so, whether they had used it. Of the 374 respondents, 59 (15%) reported that they had heard of the OKHS eReference. Only 6% (n=23) of the survey sample reported having used it (see Exhibit 4).

Exhibit 4. Statewide Survey Respondents Awareness and Use of OKHS eReference



A total of 109 (29%) respondents reported that they had participated in an OKHS training or had heard of and used the OKHS eReference online materials (“users”). Analysis of survey data showed that most statewide survey respondents reported working in licensed, home-based ECE settings (see Exhibit 5). There were no differences between users and non-users in the percentage who worked in these settings. However, a greater percentage of users worked in exempt, home-based and other (e.g., CCR&R, Head Start) settings compared to non-users. In addition, a greater percentage of non-users worked in licensed ECE settings. A small percentage of users and non-users reported working in exempt, center-based settings.

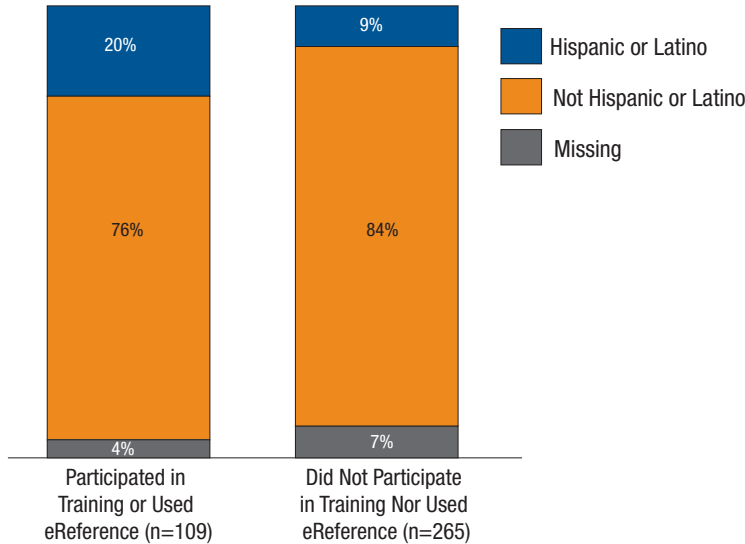
Exhibit 5. Percentage of Users and Non-Users Who Work in Home- or Center-Based Settings



Findings

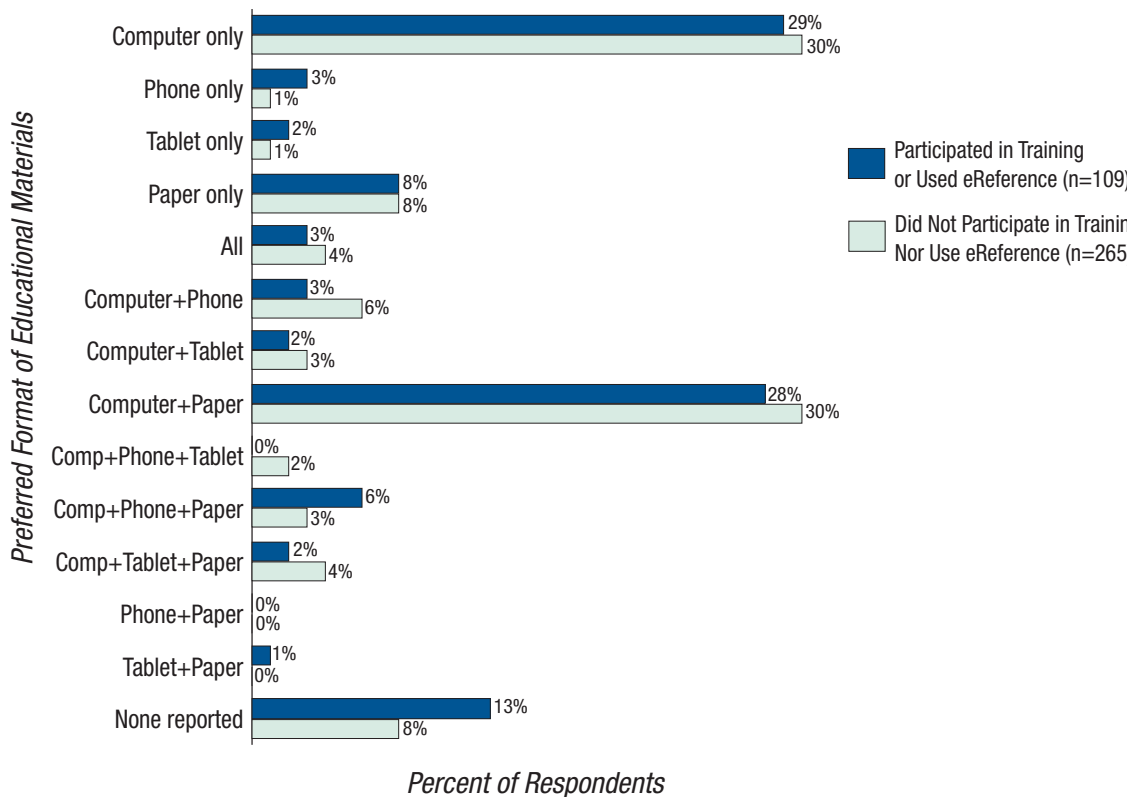
A greater percentage of users identified as Hispanic or Latino than non-users (see Exhibit 6). In addition, analysis of survey data showed that most users reported: being enrolled in the Oregon Registry (82%); working in Service District Areas 2 (Multnomah), 16 (Washington and Columbia), and 3 (Marion, Polk, and Yamhill; 82%); working more than 10 years in ECE (52%); were 35-49 years of age (47%); having earned some college credit (35%); and being White (79%).¹

Exhibit 6. Percentage of Users and Non-Users Who Identify as Hispanic or Latino



The majority of statewide survey respondents reported that they prefer to receive educational materials via use of their computer or use of their computer and paper options (see Exhibit 7). Eight percent of users and non-users reported preferring to have a paper only option. Few differences existed between users and non-users in preferred formats; although a greater percentage of users failed to report a preferred format compared to non-users (13% versus 8% respectively).

Exhibit 7. Format in Which Statewide Survey Respondents Prefer to Receive Educational Materials



¹ The survey allowed respondents to report their ethnicity (Hispanic/Latino or not) and race (e.g., African American, American Indian/Alaskan Native, White).

HOW SATISFIED WITH THE OKHS TRAINING ARE TRAINERS AND PARTICIPANTS?

Trainers and training participants reported high degrees of satisfaction with the OKHS training. We analyzed data collected from trainers and training participants to answer this question. Data from training participants were collected through both the statewide survey and the post-training evaluation forms. Findings are presented by data source.

OKHS Trainer Survey

Eighteen of the 21 trainers who had presented an OKHS training reported using the Power Point slides that were provided on the trainer thumb drive. Most respondents reported that the Power Point slides were helpful to the trainers' facilitation of the training. Twelve of the 18 reported that the slides were "very helpful," 2 reported that they were "somewhat helpful," 1 responded that the slides were "not at all helpful," and 2 responded that they were "unsure."

The 21 trainers who reported that they had presented the OKHS training were asked to what extent the training outline and materials were easy to use. Thirteen reported that the outline and materials were "very easy" and 6 reported that they were "somewhat easy" to use. These trainers were also asked to what extent participants are engaged in the training activities. Eleven reported that they are "very engaged" and 8 reported that participants are "somewhat engaged." Thirteen trainers reported that the training activities are "very helpful" to aiding participants understand the training content; 6 additional trainers reported that the activities are "somewhat helpful."

The 21 trainers also were asked whether 3 hours was enough time to cover the OKHS material. Twelve trainers responded that 3 hours was "just right." Three trainers responded that it was "too long," and another 3 responded that it was "too short." Fifteen of the 21 trainers reported feeling well prepared and really enjoy presenting the training. An additional 3 responded that they feel prepared but a little uncertain answering training participants' questions about health and safety practices or issues. Three trainers reported that they had questions about teaching the OKHS curriculum or the training materials, and all 3 reported that they were "always" able to get answers to their questions. In response to open-ended questions, at least 2 trainers reported that improvements to the Spanish materials could be made. For example, 2 trainers reported that the Spanish materials do not "sync" well with the training videos. A trainer also reported that given the volume of information provided to Spanish speaking participants, more time is needed.

Seventeen trainers reported that during most trainings participants had an opportunity to use the Workbook section of the OKHS flipbook. Of these, 11 reported that the Workbook section was "very easy," and 6 responded that it was "somewhat easy," for training participants to use. Of these 17 trainers, 8 trainers responded that "participants showed a great deal of interest" and 9 responded that "participants showed some interest." Of the 17 trainers who reported distributing the OKHS promotional card to training participants, 9 responded that the cards were "very useful" and 6 reported that they are "somewhat useful" for telling participants about the OKHS eReference posted online. Two trainers were unsure how useful the cards were.

Statewide Survey Respondents

The 100 respondents who reported having participated in an OKHS training were asked how satisfied they were with the training. Seventy-six percent rated their satisfaction as "very satisfied." An additional 17% rated their satisfaction as "somewhat satisfied."

Training Evaluation Respondents

Each version of the post training evaluation form asked participants to rate training facilitators on various facilitation characteristics. Depending on the post training evaluation form, participants were asked to rate their facilitator's ability, knowledge, organization. On every item, the average response, and the most frequently occurring response, topped the positive end of the scale. For example, on average participants reported "yes, definitely" to "The trainer was experienced as a trainer and respected different learning styles."

Some training evaluation forms asked participants three questions to rate the content of the training. For example, "The material presented addressed the objectives that were stated." Again, the average response, and most frequently occurring response, topped the positive end of the scale for every item.

ARE THERE CHANGES IN KNOWLEDGE LEVELS AMONG TRAINING PARTICIPANTS?

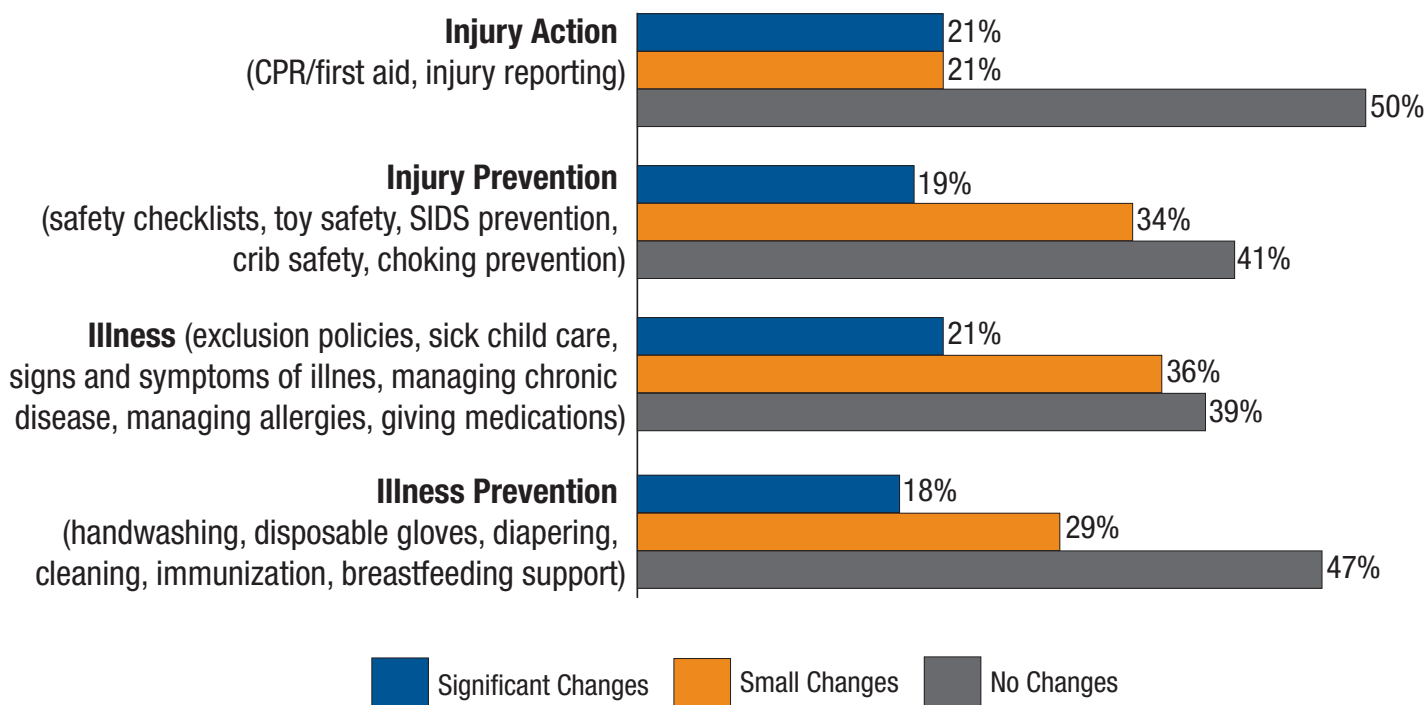
Participants reported increases in their knowledge following the OKHS training. One version of the post training evaluation form asked participants whether awareness and knowledge of illness and injury prevention and action were gained after the training. Thirty-six respondents answered these items. The most frequent and average response to the following items was “yes, definitely” (the top of a 5-point scale):

- I am now aware of the most common preventable illnesses and injuries of young children in care and education programs.
- I have gained knowledge of practices for the prevention of children’s illnesses.
- I have gained knowledge of practices for the prevention of children’s injuries.
- I know about some resources to support healthy and safe practices.

ARE THERE CHANGES IN PRACTICE AMONG TRAINING PARTICIPANTS?

Some changes in practice were reported following the OKHS training. The 100 statewide survey respondents who reported having participated in an OKHS training were asked whether their illness and injury practices or policies had changed since their training participation. Using the response options, “no change, small change, significant change,” at least 42% of respondents indicated that small or significant changes had been made in these areas (see Exhibit 8). Small and significant changes were most often reported to address illness (57%) and injury prevention (53%). These self report data do not tell us whether changes in policies or practices were needed. That is, a respondent may have reported that she made no change to illness prevention practices because she already implemented the example practices. Therefore, the conclusions that can be drawn from the percentage of “no change” responses are limited.

Exhibit 8. Reported Policy and Practice Changes Made Since OKHS Training Participation



Note. n=100.

Note. The statewide survey asked respondents to report whether they had made no, small, or significant changes following the OKHS training. The response category, “significant change” does not represent a statistically significant change.

HOW OFTEN ARE TRAINING PARTICIPANTS USING THE TRAINING MATERIALS, AND IN WHAT FORMAT?

Training materials appear to be used infrequently by training participants; however, those who do, rate the materials as easy to use. Of the 100 statewide survey respondents who reported participating in OKHS training, 52 reported receiving the Workbook/Quick Reference.¹ More than half of these respondents indicated that they use the reference once per month or less (see Exhibit 9). In addition, more than half of the 52 indicated that the reference is very easy to use. Forty-six of the respondents used the reference in English; 6 reported using it in Spanish.

Exhibit 9. Reported Frequency and Ease of OKHS Workbook Use

Frequency of Use	n	Ease of Use	n
2-3 times/week or more	8	Very easy to use	31
About once/week	6	Somewhat easy to use	16
2-3 times/month	10	Somewhat difficult to use	1
About once/month	13	Very difficult to use	0
Less than once/month or not at all	14	NA, not used it	3
Missing	1	Missing	1
<i>Total</i>	52	<i>Total</i>	52

HAVE PARTICIPANTS EXPRESSED INTEREST IN ADDITIONAL TRAINING AFTER PARTICIPATING IN THE OKHS TRAINING OR USING THE EREFERENCE ONLINE MATERIALS?

Nearly half of the respondents who had participated in an OKHS training or used the eReference reported that they were interested in other health and safety trainings because of what they learned through training or use of online materials. The most popular responses of those who were interested in additional training were: preparing for emergencies and disasters, discussing health issues with families, obesity prevention, and playground safety. We answered this question by analyzing data collected from statewide survey respondents and post-training evaluation forms. Findings are presented by data source

Statewide Survey Respondents

Forty-seven of the 109 (43%) respondents who had participated in a training or used the eReference reported that they were interested in other health and safety trainings because of what they learned through training or use of online materials. These 47 respondents were asked in what training topics they were now interested, and whether they had since taken a training in the topic area. The topics having the most participants interested in additional training were “preparing for emergencies and disasters,” “discussing health issues with families,” “obesity prevention,” and “playground safety” (see Exhibit 10). Some respondents reported having already taken a training in these topics. The topics with the fewest respondents expressing interest in additional training were “safe sleep,” and “immunizations for infants, toddlers, and preschoolers” (64%). About half of these respondents reported that they already had taken a training in these 2 topics.

Exhibit 10. Additional Training Topic Interests of Statewide Survey Respondents

Training Topics	Interested, Not yet taken training (n)	Interested, Taken training (n)	Total (n)
Obesity prevention	21	15	36
Preparing for emergencies and disasters	24	17	41
Giving medication to children	14	19	33
Immunizations for infants, toddlers, and preschoolers	14	16	30
Caring for children with special needs	20	15	35
Playground safety	21	15	36
Safe sleep	14	15	29
Caring for your own health	16	18	34
Oral health and cavity prevention	17	15	32
Discussing health issues with families	23	14	37
Reducing environmental hazards in child care settings	17	17	34

Note. n=100.

¹ Distribution of the Workbook/Quick Reference to training participants is a key component of the training curriculum. Nearly all trainers who presented the OKHS training and responded to our survey (19 of 21) reported that they had distributed the workbook. Child care providers who participated in an OKHS training and responded to our survey may have forgotten they received the reference or were confused about the name of it.

Training Evaluation Respondents

Participants in the Multnomah County/Portland-based trainings (n=85) were presented with a list of 10 training topics and asked whether they were interested in learning more about the topic. The most frequently reported topics were Human Growth and Development, Understanding and Guiding Behavior, and Diversity (see Exhibit 11).

Exhibit 11. Additional Training Topic Interests of Post-Training Evaluation Form Respondents

Training Topics	Percentage (Number) of Respondents (n=85)
Diversity	25.6 (20)
Families and community system	17.9 (14)
Health, safety, and nutrition	17.9 (14)
Human growth and development	26.9 (21)
Learning environments and curriculum	17.9 (14)
Special needs	19.2 (15)
Observation and assessment	19.2 (15)
Personal, professional, leadership development	17.9 (14)
Program management	12.8 (10)
Understanding and guiding behavior	26.9 (21)

HOW ARE THE eREFERENCE MATERIALS BEING UTILIZED ACROSS THE STATE?

The eReference does not appear to be in wide use; however, the majority of those who have reported using the tool indicated that the eReference is easy to use. We answered this question by analysing data collected from statewide survey respondents. Findings are elaborated on below.

Statewide Survey Respondents

Sixteen percent (n=59) of survey respondents reported that they had heard of the OKHS online eReference. Of these, more than one-third reported that they had used it compared to more than one-half (n=34) who reported they had not used it (2 respondents were unsure about whether they had used it). Of the 23 who had used it, 15 reported using it once per month or less (see Exhibit 11). Twenty reported accessing it through a computer, 17 of which only used a computer to access the eReference materials (see Exhibit 12). None of the 23 used an electronic Tablet to access it. Twenty-two reported accessing eReference English version (only 1 respondent reported using the Spanish version). Respondents reported that it is “very” (n=18) or “somewhat” (n=5) easy to use. Our data do not tell us how much time has passed since the respondent participated in training, thus we cannot discern whether usage would change over time. In addition, our data do not capture the frequency with which respondents download the eReference to their computer and use it off-line.

Exhibit 12. Frequency and Use of OKHS eReference Materials

Training Topics	n	Access	n
2-3 times/week or more	5	Computer (desktop or laptop) only	17
About once/week	2	Phone (smartphone) only	2
2-3 times/month	1	Tablet (iPad, Kindle, Nook, etc.) only	0
About once/month	6	Printed paper copy only	1
Less than once/month or not at all	9	Computer & Phone	2
		All 4 media	1
<i>Total</i>	23	<i>Total</i>	N/A*

*Note. n = 23. *Percentages will not total 100 because respondents could provide more than one response.*

Findings

Most of the 59 respondents who had heard of the eReference materials reported working in CCR&R SDA 2 or 6 (6%; see Exhibit 13); however, a small portion of respondents from these SDAs reported using the eReference. None of the respondents working in SDA 10 or 14 reported having heard of the eReference. Although small in number, the largest portion of respondents who had heard of and used the eReference reported working in SDAs 4, 8, and 12.

Exhibit 13. Statewide Survey Respondents Who Heard of And Used the eReference by SDA

CCR&R Service Delivery Area (SDA)	Heard of the eReference (n)	Used the eReference(n)
2 Multnomah (n=75)	11	2
3 Marion, Polk, Yamhill (n=40)	8	4
4 Clatsop, Lincoln, Tillamook (n=12)	2	2
5 Linn, Benton (n=24)	4	2
6 Lane, Douglas (n=47)	9	3
8 Coos, Curry (n=3)	1	1
9 Jackson, Josephine (n=24)	4	2
10 Gilliam, Hood River, Sherman, Wasco, Wheeler (n=9)	0	0
12 Deschutes, Crook, Jefferson (n=28)	3	2
14 Umatilla, Morrow (n=4)	0	0
15 Clackamas (n=31)	3	0
16 Washington, Columbia (n=51)	7	4
17 Union, Wallowa, Baker, Grant, Malheur, Harney (n=11)	4	2
Missing	3	1
<i>Total</i>	59	23

Thirty-six respondents reported having heard of the OKHS online eReference, but not using it or being unsure whether they had used it. Of those, a small number reported reasons that they had not used the eReference (see Exhibit 14). The most common reason was because they did not know about the online materials.

Exhibit 14. Reasons for Not Using the OKHS eReference

Reasons	n
I did not know about the online materials.	7
Not interested.	2
Don't have computer or smartphone access at work.	1
I prefer not to use electronic materials.	1
I don't have time.	1

Note. n = 36. Percentages will not total 100 because respondents could provide more than one response.

OKHS Trainer Survey

Trainers were asked whether they had ever used the OKHS website, to which many of the 34 trainers responded affirmatively (see Exhibit 15). Nineteen of the 34 trainers reported that they had looked up information contained in the eReference. Sixteen reported that they had checked for updates to training topics. Thirteen indicated that they used the website to find links to additional information on health and safety topics.

Exhibit 15. Trainer Reasons for OKHS Website Use

Reason for OKHS Website Use	Yes, I have used the OKHS website at least once for this reason.	No, I have not used the OKHS website for this reason.	I cannot recall using the OKHS website for this reason.
Check for updates to training topics.	16	9	5
Look up information contained in the eReference.	19	7	5
Find links to additional information on health and safety topics.	13	9	6

Note. n=34. Responses for each reason may not total 34 due to missing data.

Findings

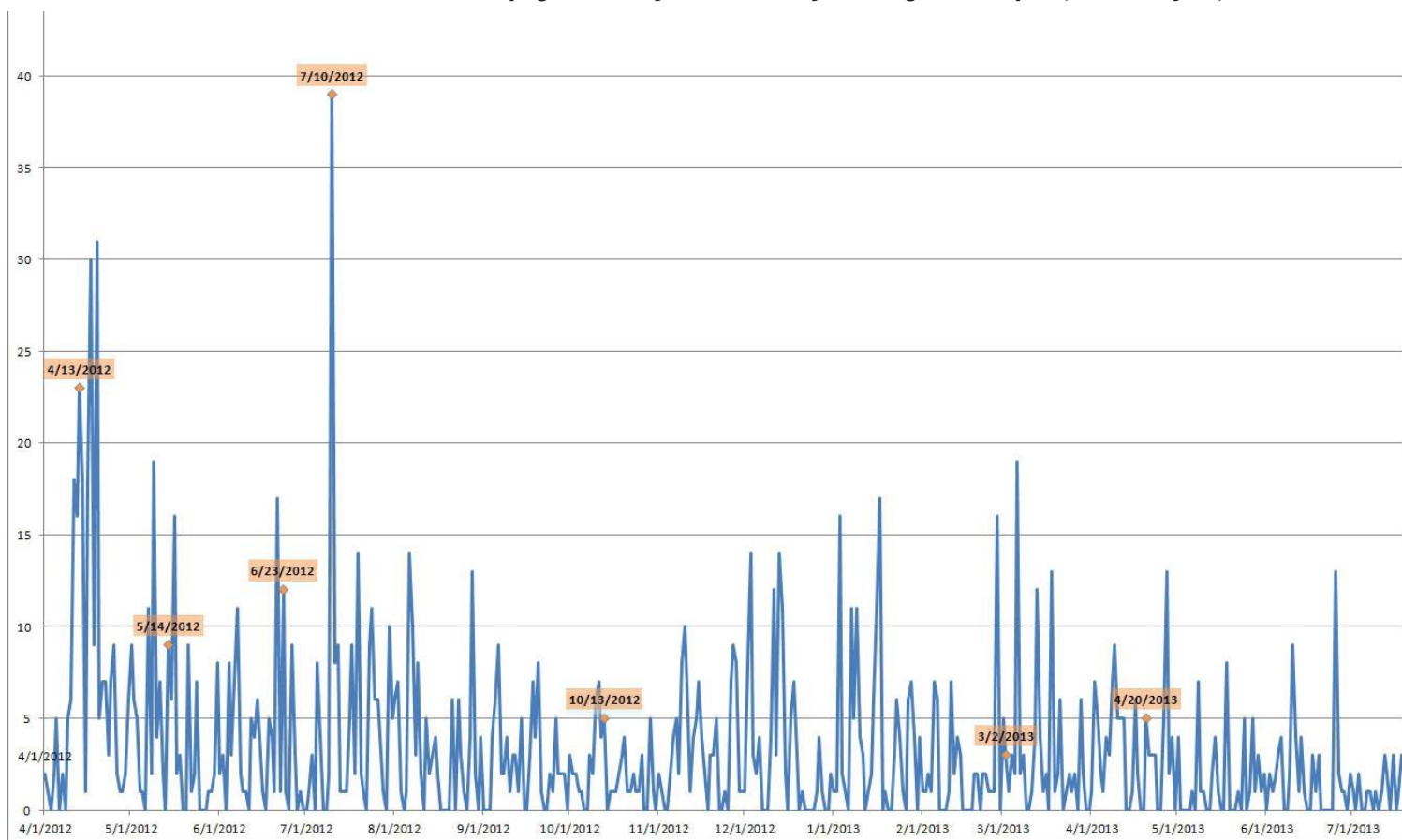
Google Website Analytics

Between April 1, 2012 (program launch) and July 18, 2013 (closing of statewide survey) visitors viewed the OKHS webpage 1,607 times, 1,069 (67%) of which were unique page views (i.e., a particular individual). Exhibit 16 shows the number of page views by date with key training dates. Among the unique page views, 392 were returning visitors who remained on the page for an average of 5 minutes and 23 seconds. On average a user spent 3 minutes, 9 seconds on the site, which is twice as long as the average time for a user of the Public Health Division website during the same period. New visitors during this time period spent just under 2 minutes on the page. Collectively, these findings suggest that users of the webpage find it useful enough to revisit the webpage and spend more time on it.

Twenty-five percent (n=408) of the page views were completed by the users directly opening the site (e.g., email links, QR codes, or typing the website into one's browser). Twenty-eight percent (455 page views) were completed by the user opening the site through another page on the Public Health Division website. The primary Public Health Division web pages that were used to find the OKHS page were: Health at Child Care home (137 pageviews), Babies topic home (108 pageviews), Healthy Child Care Oregon staff directory (37 pageviews), Healthy Child Care Resources (25 pageviews), and Child Care and Mental Health (23 pageviews).

Twenty-nine percent (474 page views) were completed through use of Google searches.¹ After linking to the webpage through a Google search, users spent an average of 3 minutes, 55 seconds on the site. Direct traffic visits spent a little less time; an average of 2 minutes and 43 seconds on the page. The remaining 18% of traffic sources were from a variety of sites but the majority of that traffic spent little or no time on the page.

Exhibit 16. Number of OKHS Webpage Views by Date with Key Training Dates: April 1, 2012-July 18, 2013



¹ Dianna Pickett expects that she has been responsible for a large portion of the indirect views through the Public Health Division website in the course of her work (e.g., pulling up the website to link others to the site). It is not possible to quantify or subtract her usage from these numbers.

Conclusions and Recommendations

About 40% of children, regardless of age, are not in some form of nonparental care, suggesting that about 60% of children are. This percentage is highest for preschool-aged children (Oregon Child Care Research Partnership, 2013). Early care and education providers are uniquely positioned to promote the health and safety of the many children they care for, and to protect them from illness and injury while they grow, develop, and learn.

Nationally, interest has surged in how healthy and safe environments and care practices impact the quality of care and childhood development and learning. Updates and changes to state and Federal child care licensing standards, the evolving Child Care Development Funding Block Grant health and safety requirements, and the development of a state Quality Rating and Improvement System are driving major improvements in this area. States are being urged to systematically provide the ECE workforce with opportunities for gaining knowledge, building skills, and being prepared to protect and promote children's health and well being while in care. Oregon has seized these opportunities through efforts, such as OKHS. The evidence-based training and online references, in both English and Spanish, are integrated into the state's professional development system and made accessible to ECE providers by the Central Coordination of Child Care Resource & Referral, the Public Health Division and the Office of Child Care.

As previously stated, conduct of a formative evaluation while an intervention is taking shape helps to monitor intervention implementation and further develop and improve the intervention. This formative evaluation yielded beneficial results. The key message that emerged from the findings is that ECE providers are not aware of the OKHS training and online resources. More specifically,

- Less than one-third of statewide survey respondents had participated in OKHS training. Outreach may be needed to engage ECE providers who are working in exempt or center-based settings or SDAs outside of areas 2, 3, and 16, or who are American Indian/Alaska Native staff. Those who participate in the training appear satisfied; however, only half of the participants reported receiving the Workbook/Quick Reference. This finding is in contrast with reports of trainers; nearly all trainers who presented the OKHS training and responded to our survey reported that they had distributed the workbook. Child care providers who participated in an OKHS training and responded to our survey may have forgotten they received the reference or were confused about the name of it. Finally, those who received it generally reported that it was easy to use; however, respondents reported infrequently using the Workbook/Quick Reference.
- Only a small portion of statewide survey respondents had heard of and used the OKHS online eReference. Those who had were concentrated in northwest Oregon. Respondents who have heard of the eReference tend not to use it.

These findings suggest that ECE providers who have participated in the OKHS training and used the eReference are satisfied with them. However, despite the training and eReference being accessible in English and Spanish and provided statewide, the majority of the ECE provider respondents did not know about them and haven't accessed them. For OKHS to be successful in positively influencing ECE quality, ECE providers must know about OKHS trainings and references and be encouraged to use them. One strategy the OKHS Coalition could consider to address these issues is the development of a robust marketing plan that enlists the support of professionals working with ECE providers on health and safety standards and care quality improvement. The following preliminary recommendations were developed within the Public Health Division and in conjunction with OKHS partners who participated in the 9/27/2013 OKHS conference call. These will be further discussed on 11/12/2013 during the OKHS coalition meeting.

Conclusions and Recommendations

Recommendation #1

Develop a marketing strategy. CCR&R staff plays an important role in marketing and dissemination efforts, because the CCR&R network implements the training. In developing a marketing strategy, explore social media and branding (e.g., can emails be sent from an identified OKHS email address so it doesn't get swallowed up in other announcements from partner agencies, like CCR&R). Explore the marketing of the QR code as a useful means of accessing the eReference. Findings from another PHD survey showed that child care workers want information available via QR code. In addition, partner with licensing and environmental health specialists, community trainers, and ECE specialists in CCR&R SDAs to encourage ECE providers to consult the Workbook/Quick Reference and other OKHS online references.

Recommendation #2

Explore what information can be obtained quickly about why many of those individuals trained at the Training-of-Trainers event have not presented the training. Substantially fewer trainers are presenting the OKHS training than those who were trained.

Recommendation #3

Explore including OKHS training as a child care licensing requirement. OKHS content aligns with core knowledge requirements. Such a systems-level change could substantially increase the number of ECE providers trained in the OKHS content.

Recommendation #4

Conduct a more focused, in depth data collection necessary to understand how, when, and why people use the OKHS Workbook/Quick Reference and the eReference. This information will support the development of a marketing strategy.

Recommendation #5

Continue to monitor OKHS training and eReference use via the OKHS website and evaluate the intervention resources after marketing strategies are implemented to assess change in use (use results of this study as a baseline).

FOR MORE INFORMATION ABOUT OKHS:

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http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthChild_care/Pages/OKHS.aspx