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Understanding Home Visitor Attendance at Well Child Checks: A Mixed Methods Study

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IRB Number: STUDY00001887

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

Dr. Segal conceptualized the study design, she created questions and lead the qualitative focus groups/interviews, and analyzed the qualitative data to determine themes and subthemes using atlas.ti. She also participated in the quantitative analysis and wrote the abstract.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:

Early childhood home visiting programs have variable outcomes on child health across models and studies. Given this variability, novel approaches are needed to foster consistent positive outcomes. One approach is attendance of a home visitor (HV) at medical provider well child checks (WCCs) to provide a stronger link between home visiting and the medical home. This process may be assessed in an exploratory study evaluating the qualitative perceptions and initial quantitative effects of the intervention.

Objectives/Goal:

Qualitatively explore perspectives of HVs attending WCCs and quantitatively evaluate effects of the practice on (1) family compliance with American Academy of Pediatrics (AAP) WCC recommendations and (2) acute care visits.

Methods/Design:

Semi-structured interviews and focus groups with 10 home visitors, 9 medical providers, and 9 parents were conducted. Transcripts were analyzed with a grounded theory approach and thematic analysis using atlas.ti.

Quantitatively, a retrospective, 3 year case-control study was conducted using a multi-model home visiting database. Cases included home visiting participants who experienced HV attendance at WCCs; controls received routine home visiting services only. Using Chi square and Mann-Whitney U tests, study groups were compared for number of acute care visits, number of injury-related acute care visits, and WCCs completed versus the number due per AAP recommendations.

Results:

Themes identified included improved communication and understanding, facilitation of the visit, and emotional support for families. There were also logistical challenges and appointment dynamic changes with HV attendance.

Quantitatively, 361 cases were compared to 400 controls. Cases and controls were similar, except non-White races/ethnicities experienced HVs attending WCCs more than White families ($p < 0.001$). Any dosage of HV attendance at WCCs led to increased child attendance of WCCs ($p < 0.001$). This association persisted regardless of total number of home visits experienced by the family ($p < 0.001$). There were no consistent associations between HV attendance at WCCs with acute care visits.

Conclusions:

Participants identified many benefits of HVs attending WCCs. HV participation in WCCs increased compliance with recommended WCC attendance. Further studies are warranted to evaluate additional health outcomes.