Child Abuse & Neglect 41 (2015) 182–189

Contents lists available at ScienceDirect

Child Abuse & Neglect

Enhancing child safety and well-being through pediatric group well-child care and home visitation: The Well Baby Plus Program☆

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ARTICLE INFO

Article history:
Available online 27 January 2015

Keywords:
Community health services
Well child care
Group visits
Home visitation
Health care delivery

ABSTRACT

The focus of this article is on an innovative strengths-based child protection effort initiated in Beaufort, South Carolina, that involved working with local systems and structures. Specifically, the program was a school-health partnership that sought to modify services provided to low-resource families to improve child outcomes. The primary components of the prevention program were home visiting and group well visits (GWVs). This article describes the program and the effects of the combined approach on health care utilization, child health status, and parental competence for families with low socioeconomic status. A matched pairs analysis of 102 families (51 intervention and 51 comparison families) was conducted. WB+ families were significantly more likely to attend all scheduled well-child visits (65% vs. 37%) and to be fully immunized (98% vs. 82%) than matched families who received traditional pediatric care. Intervention families had significantly greater recall of anticipatory guidance on safety (65% vs. 41%) and had greater satisfaction with care. Intervention infants were also noted to be statistically less likely to be overweight at 15 months of age (8% vs. 24%). The study demonstrated benefits on child health and parenting competence among families with low socioeconomic status. Implications for practice are discussed.

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Introduction

Children's safety and well-being have long been espoused as fundamental moral imperatives. Yet, efforts aimed at promoting these concepts are far less common than efforts aimed at addressing them after safety and well-being have been compromised. The benefits of preventive efforts, however, are becoming increasingly apparent. Indeed, the promotion of children's safety and well-being can have long-term benefits, including attainment of education and employment, improved family and social functioning, and better mental and physical health (e.g., Barnett, 2000; Karoly, Kilburn, Bigelow, Caulkins, & Cannon, 2001). Furthermore, preventive programs have the potential to save money through reduced health care,

☆ This research and the Well Baby Plus project were supported in part by a grant from The Duke Endowment. This research was presented in part at the 2002 Pediatric Academic Societies Meeting, May 2002, Baltimore, MD.
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http://dx.doi.org/10.1016/j.chiabu.2015.01.008
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child welfare services, law enforcement, and out-of-home care costs (Cicchetti, 2004; Fang, Brown, Florence, & Murphy, 2012; Kilburn & Karoly, 2008). As a result, governments, nonprofits, and community groups have increasingly sought to implement primary prevention programs (MacLeod & Nelson, 2000). Such programs have included home visiting, parent education, family resource centers, group well visits (GWVs), and efforts to build community capacity to promote collective responsibility for child protection.

The focus of this article is on an innovative strengths-based child protection effort initiated in Beaufort, South Carolina, that involved working through local systems and structures to enhance child well-being. Specifically, the program was a school-health partnership that sought to modify services provided to low-resource families to improve child health and safety outcomes. The primary components of the prevention program were home visiting and GWVs. This article provides an overview of (a) why and how these programs were combined, (b) the outcomes of the effort, and (c) the potential implications of the findings for practice.

Pediatric Primary Care: Group Well Visits

Pediatric primary care provides an ideal opportunity for enhancing the safety and well-being of children and families and for preventing child maltreatment. Pediatricians have many visits with families with young children, especially in the first five years. The focus of these visits is on prevention and the early identification of problems. Good pediatric health supervision includes appropriate physical and developmental screening and timely administration of preventive measures such as immunizations and fluoride supplementation. It also involves the promotion of environments for children that are safe and developmentally stimulating. Effective and efficient pediatric well-child care encourages positive parenting through the dissemination of knowledge and the provision of family supports delivered in a cost-effective family-focused manner (Coleman & Taylor, 1995). All of these efforts are undertaken to strengthen children's potential for growing up healthy, emotionally stable, ready for school, and ultimately, work (Rushton, 1998; Sturner, 1998).

Further, pediatric primary care provides the best means of *universal access* to young children because almost all young children receive at least some well care (Kimbrough-Melton & Campbell, 2008). Healthcare providers have as a primary goal of promoting the health, safety, and wellbeing of children. By re-orienting existing services, pediatric medical centers can meet the growing demand for services while also meetings the guidelines set forth by American Academy of Pediatrics for providing family support (Hagan, Shaw, & Duncan, 2008).

Another advantage of pediatric primary care is that it does not have the stigma often associated with child welfare and mental health. It is not unusual for pediatricians to have a good rapport with parents, which offers these professionals the opportunity to learn about the family and help address identified problems (Dubowitz, 2014). Indeed, because of their unique relationship with families, pediatricians are well-positioned to assist families in their efforts to protect children and to attend to concerns that put them at increased risk of abuse (Flaherty & Stirling, 2010).

Conducting these visits in the 15 min typically allotted to a health supervision visit, however, is an increasingly daunting task for pediatric clinicians (Zuckerman & Parker, 1995). To provide the kind of comprehensive contextual care recommended in the recently revised American Academy of Pediatrics guidelines for well-child care requires forethought and innovation (Hagan et al., 2008; Halfon, Stevens, Larson, & Olson, 2011). Indeed, according to Stange and Woolf (2008), "Policies that can help primary care achieve its greatest impact in promoting preventive services include . . . those that support system changes for all primary care settings, with the goal of improving the delivery, quality, and intensity of preventive services" (p. 14).

The GWV is one method for enhancing health and the provision of preventive services that has shown particular promise. According to Noffsinger (2013), GWVs represent a "biopsychosocial and multidisciplinary team-based approach to medical care" (p. 2). Potential benefits include: enhanced quality of care and outcomes, increased access to care, improved patient–physician relationships, and enhanced patient and physician satisfaction (2013). Other benefits identified by Noffsinger include emotional and social support and the ability for participants to learn from the questions raised by others during the visit. Group medical visits have been used in medical centers throughout the United States (e.g., Cleveland Clinic, Veterans Health Administration, Texas Tech University, Kaiser Permanente) and in other countries, such as Canada and Holland.

Particularly for pediatric practices, GWVs have been shown to create more time for anticipatory guidance, greater parental satisfaction with pediatric health supervision, and opportunities for parents to share their experiences (Coker, Windon, Moreno, Schuster, & Chung, 2013; Dodds, Nicholson, Muse, & Osborn 1992; Osborn & Woolley, 1981; Page, Reid, Hoagland, & Leonard, 2010; Rice & Slater, 1997). Reviews looking at adult learning styles have cited the peer reinforcement embedded in GWVs as a strong rationale for using this method to teach good parenting practices (Glascoe, Oberklaid, Dworkin, & Trimm, 1998).

In addition to increased efficiency and patient satisfaction, GWVs have the potential to address risk factors for maltreatment. There is growing evidence that abuse and neglect occur as a result of a complex range of factors (Belsky, 1993; Cicchetti, 2004; McDonell, 2007; Mersky, Berger, Reynolds, & Gromoske, 2009). Among those risk factors is social isolation (Belsky, 1993; Berlin, Appleyard, & Dodge, 2011; Kotch, Browne, Dufort, Winsor, & Catellier, 1999). Not only has social isolation been found to be a risk factor, but increases in social capital among families in the general populations have been shown to be associated with *declines* in the odds of neglectful parenting and psychologically harsh parenting (Runyan et al., 1998; Zolotor & Runyan, 2006). GWVs have the potential to reduce social isolation because they provide an opportunity for

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