Prevention, Intervention and Evaluation of Maternal Child Health Programs and Practices

Diane J. Abatemarco, PhD, MSW

Thomas Jefferson University

Follow this and additional works at: https://jdc.jefferson.edu/hplectures

Part of the Health and Medical Administration Commons, and the Public Health Commons

Let us know how access to this document benefits you

Recommended Citation
https://jdc.jefferson.edu/hplectures/9

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in College of Population Health Lectures, Presentations, Workshops by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Prevention, Intervention and Evaluation of Maternal Child Health Programs and Practices

Diane J. Abatemarco, PhD, MSW
School of Population Health
Thomas Jefferson University
Family Medicine
October 8, 2010
Maternal Health

- Triangulation of chart review data, electronic birth registry & HIV surveillance data to describe zidovudine receipt among HIV-infected pregnant women in New Jersey (Abatemarco, PI)

  - Conclusions: Only 50% of HIV infected Pregnant women receive ZDV in pregnancy, labor and delivery. Women more likely to receive ZDV if symptomatic w/AIDS. Prenatal care essential to treatment.

  - Abatemarco DJ, Catov J, Delnevo CD, Costa S & Hausman AJ. Factors related to zidovudine receipt among HIV (Journal of Healthcare for the Poor & Underserved, 8/08)
Maternal Health

• Prevalence of tobacco use among pregnant women in New Jersey (Abatemarco, PI)
  – Baseline for evaluation of tobacco control
  – Unique use of PRAMS methodology
  – Conclusions: Approximately 11% of women reported tobacco use during pregnancy, consistent with EBC, smoking in pregnancy was a risk factor for IPV

• Estimation of rates of tobacco dependence treatment among ob/gyns & midwives to pregnant women (Abatemarco, PI)
  – Conclusions: Environmental supports within the office increase rates of tobacco treatment
Adolescent Health

• Project Northland in Split, Croatia (Co-PI, Abatemarco and West) (Funded by AIHA)
  – Comprehensive needs assessment - CBPR
    • Youth Risk Behavior Survey, in depth interviews with key stakeholders, meetings with teachers, principals, and parents
  – 3 year intervention study to prevent early onset of alcohol use among adolescents in country’s 2nd largest city
  – Experimental design to determine the efficacy of intervention
  – Community engagement of gov’t, schools, NGOs, & medical orgs

Adolescent Health

• Comprehensive Evaluation of Project Northland (Abatemarco, PI) (Funded by the UMDNJ Foundation)
  – Pre/Post test & focus groups: teachers, parents & students
  – Conclusions: Awareness raised throughout community, 6 & 7 grades delayed onset, girls delayed more than boys, by 8th grade the students were more sophisticated & curricula was not relevant.
  – West, B. Abatemarco, DJ. Results of an International Public Health Partnership Focusing on Adolescent Alcohol Prevention in Split, Croatia. (Journal of Drug Education, 8/08.)
Infant & Child Health

• **Practicing Safety**
  - Pediatric intervention to prevent abuse & neglect of 0-3 year olds (Co-PI, Abatemarco & Kairys)
    - *YouTube - Toddler Abuse In Car Wash Caught On Tape*
    - [http://www.aap.org/sections/scan/practicingsafety/team.htm](http://www.aap.org/sections/scan/practicingsafety/team.htm)
  - 5 year study to determine if complexity science principles influences pediatric practice change to enhance anticipatory guidance on: maternal depression, crying, discipline, & toilet training.
    - *Comprehensive Evaluation: quantitative & qualitative ethnographic methods (patient pathway, genogram, observation, in depth interviews, surveys, chart review)*
    - *Diffusion and sustainability? 2 year post follow-up (focus groups, physician interviews, chart reviews)*
Practicing Safety - continued

– Conclusions:
  • All practices report increased awareness of abuse and neglect
  • 4 of 5 practices adopted maternal depression screening & referral
  • All practices adopted crying, all either discipline or toileting tools

American Academy of Pediatrics
Dedicated to the Health of All Children

Practicing Safety Team

American Academy of Pediatrics
Tammy Piazza Hurley
Project Director
Charlotte Nunnery, MS
Project Manager

Central Evaluation Team
Diane J. Abatemarco, PhD, MSW
Co-Principal Investigator, CET
Chairperson
Karen Benjamin, MPH, CHES
Health Program Analyst
Ruth S. Gubernick, MPH
CET Facilitator/Practice Systems
Steven W. Kaizys, MD, MPH, FAAP
Principal Investigator

Project Advisory Committee
Randy Alexander, MD, PhD
Consultant
Joseph F. Hagan, Jr, MD, FAAP
Bright Futures Representative
Pamela High, MD, MS, FAAP
Committee on Early Childhood, Adoption & Dependent Care Representative
Robert Sone, MD, PhD, FAAP
Multifaceted Program That Screens for Maternal Depression, Infant Crying, and Toilet Training Enhances Ability of Pediatricians to Identify and Address Cases of Potential Child Abuse

Snapshot

Summary
Pediatric primary care practices implemented a multifaceted child abuse identification and prevention program that includes screening new mothers for maternal depression, asking parents about chronic crying and toilet training, and posting educational materials related to abuse prevention prominently in waiting and exam rooms. Qualitative reports suggest that the program has increased pediatricians’ awareness of abuse, enhanced their skills in discussing young children's psychosocial issues and behaviors with parents, and increased their ability to identify depressed mothers and at-risk children and families in need of additional assistance.

Problem Addressed
Pediatricians are in a prime position to identify and prevent child abuse and neglect. However, attempts to implement psychosocial interventions that target child abuse and neglect in pediatric practices have been disappointingly slow, marginally effective, and/or have involved increased practice costs.¹

- **Young children at risk of abuse:** An estimated 10 million children are exposed to domestic violence each year;² children age 3 years and younger account for nearly 30 percent of victims of physical, emotional, and sexual abuse.³ Children of battered women are more likely to be abused.²
- **Failure to screen among pediatricians:** Active screening, including having mothers fill out a questionnaire asking about their exposure to domestic violence, increases the odds of identifying families experiencing domestic violence, but this is rarely done in pediatric practices.³ A national survey of more than 1,600 pediatricians revealed that, although 85 percent of pediatricians agree on the importance of addressing abuse, neglect, and other psychosocial issues, fewer than 60 percent reported having consistent discussions with parents about developmental concerns.⁴ Part of the problem is that pediatricians feel inadequately equipped to handle the complexity of abuse and psychosocial problems in their clinical practice; most practices have insufficient communication systems, capacity, and financial resources to introduce new programs, methods, or processes into their established routines.⁴
- **Ineffectiveness of traditional interventions:** Continuing medical education, performance review and feedback, practice guidelines, enhanced financial incentives, continuous quality improvement, and physician profiling do not make pediatricians more
Fitwits, MD Implementation Strategy

• Feasibility Study
  – yes we can
• Complex Adaptive Systems
  – Understanding the practice culture
• Physician leadership
  • Active participation
• Office Champions
• Continuous evaluation feedback
  – Mid-course corrections
Evaluation Design

• Mixed Method Pre/post
• Quantitative
  – Surveys: Physician & parent
• Qualitative:
  – Physician comment cards immediately after visit
  – Child comment cards
• In dept Interviews
  – w/ physician
  – w/ parents
  – Phone interviews w/ parents

Response rates
  – Enrolled 50% & 95% physicians
  – 70% parents
Results - Physicians

- Increased time on obesity prevention in visit to 7 mins.
- Tool provided easy way to address obesity, decreasing perceived parent barriers identified from baseline.
- Physicians became more empathic to families - they came to understand financial problems that parents face as a barrier to providing healthier food.
- Over 40% of physicians used Fitwits MD for more than 50% of visits.
- Over 95% of physicians who used Fitwits MD said it increased their comfort & improved their competency with the subject.
- 3/4 of physicians who used Fitwits MD reported - greatly reduced barriers identified at baseline.
Results - Parents

- 96% remembered office visit Fitwits discussion
- 93% talked about Fitwits at home after office visit — topics rank ordered by frequency of response were: healthy eating/healthy choices, portion control
- 80% said their child played Fitwits games at home;
- 73% of parents said having the games helped increase discussions at home about obesity prevention, nutrition, exercise & portions
- 24% reported used some Fitwits recipes;
- 57% noted a family member increased physical activity since Fitwits office visit;
- 50% noted a change in types of foods prepared at home
- 53% a change in fast food meals served at home
- 57% a change in beverages served at home.
Other Research...

National Children’s Study (NICHD) (Co-investigator Abatemarco)
- Co-I - community engagement, recruitment & retention
- Adjunct studies: parenting - maternal depression, parenting styles, social networking,

PEPP Study (NICHD) (Co-PI Abatemarco)
- Co-I - examination of anxiety, optimism, stress & neighborhood factors on prenatal outcomes
- Low anxiety = longer gestational age
- Catov JM, Abatemarco DJ, Markovic N, Roberts, J. Anxiety, Optimism and Smoking Related to Gestational Age and Infant Birth Weight. (Sept 2010, MCHJ).
YASHCN Transition from Peds to Adult Care

- Co-I, PI R. Meek, MD Dupont
- R18 AHRQ
- Submitted…yesterday….
- Use of the Chronic Care Model, enhancing HIT, activation of sub specialists, parents and YASHCN
Current & Future Research

• *Practicing Safety* - dissemination through health care orgs and American Academy of Pediatrics state chapters
  – 50-100 practices, paired down modules, train-the-trainer, use of existing health care systems (example: VCHIP)
  – Duke Foundation

• R18 - 2011 randomized control trial of *Practicing Safety*
Seeking Safety/AAP 2011

Pilot of new modules 2009-10

Evaluation & Research 2007-2008

R18 AHRQ w/PRN 2007

Biomedical Study

Practicing Safety Study 2002-2006
Conclusions

• Each of these studies points to:
  • Small changes made reflectively and mindfully will have large impact & more likely to sustain & defuse.
  • Abuse & neglect are associated with many health outcomes yet little has been done to intervene and increase parenting skills, style & capacity.

• Possible to intervene further upstream during pregnancy…
AHRQ

• PORTFOLIO
  – Comparative Effectiveness
  – Prevention and Care Management
  – Value
  – Health Information Technology
  – Patient Safety
  – Innovations/Emerging Issues
Mechanisms & why AHRQ

- R01 vs. R18
- Dissertation
- Post doctoral
- Conference grants
- R03 vs. R01

- Multilevel interventions, health systems research, RTC, demonstrations…