PREDICTORS OF MATERNAL INVOLVEMENT IN THE MOM PROGRAM RANDOMIZED CONTROLLED HOME VISITING PROGRAM:

DEMOGRAPHIC AND PROGRAM IMPLEMENTATION FACTORS

Final Report to The Pew Home Visiting Campaign of the Pew Center on the States

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Executive Summary

The MOM Program is a randomized controlled home visiting trial for low-income, urban families designed to empower mothers to obtain health and developmental services for children ages birth to 3 years. Nurses and trained community workers conducted home visits prior to recommended well child visits. Mothers were first visited in the post-partum unit after a healthy birth. They were then visited at home, with visits scheduled before each planned primary care health appointment for their child, in accordance with pediatric guidelines at time of program implementation (American Academy of Pediatrics, 2000). In the visits, mothers received information on developmental expecations for children and what to expect at upcoming well child visits, e.g., recommended immunizations and other procedures. Mothers were encouraged to ask questions at health care visits. Over the 33-month duration of the program, nine home visits were planned, along with two additional visits for children with developmental delay to facilitate entry into early intervention programs. These additional two visits were designed to support mothers in this process.

A high level of supervision was embedded within the program. Each week, the cases of all participating mothers were reviewed in a group supervisory meeting. Detailed records of attempts to contact mothers were kept by staff members, and their efforts were described in the weekly staff meeting. The entire home visiting team and supervisory staff worked to troubleshoot challenges that arose during attempts to contact the participant mothers and to complete visits.

Mothers (N = 302) were high-school educated (x=12.0 yrs.), African American (94%), in early adulthood (x=23.1 years), with 54% female children and 44% first-time

mothers. Retention in the program (participation from birth to 3 years) was 89%. Program charts of the intervention group (N=152) were coded for indicators of maternal involvement (completed home visits), staff characteristics and program activities. Target program dosage was defined as completing at least 7 of 9 (78%) home visits. Logistic regression was used to determine how maternal and program characteristics predicted maternal involvement.

In this program, 86% of the 130 mothers in the intervention group received target program dosage. Mothers who received target dosage in the MOM Program were found to be slightly older (23.3 versus 21.3 years of age, $p = .05$) and more likely to have male children ($p = .02$). Rates of completed home visits were high throughout the program, ranging from 82% (at age 4 months) to 91% (at age 6 months).

Significant predictors of mothers' receiving target dosage in the home visiting program were determined to be total amount of time home visitors spent in outreach activities, the number of home visits completed, and male child gender.

When the amount of staff activity with engaged and non-engaged participants was compared, there were no statistically significant differences between the number of follow up calls or home visits per month. Similarly, there were no statistical differences in staff time per month spent on engaged or non-engaged mothers. Nurses and trained community workers were equally successful in completing outreach activities, with community workers' completion rates ranging from 59% to 93%, and nurses' completion rates ranging from 72% to 92%. At age 6 months, community workers completed relatively more family contacts than the nurses (p=.04), while at 30 months, nurses completed relatively more family contacts than the community workers (p=.05).

These results inform the science of home visiting programs by distinguishing the associated, but distinct outcomes of program retention and dosage, and relating these to program variables and outcomes. Implications for further research and policy include the use of supervisory groups for program staff; support for a multidisciplinary team of home visitors; and a high level of accountability for program implementation.

Findings from this study illustrate that participant engagement is associated with staff outreach, e.g., amount of time spent and number of attempts; and nurses and community home visitors are equally effective in outreach.

Further research should: (1) examine retention and target dosage separately as measures of parent involvement in home visiting programs; (2) prospectively evaluate the process of engaging parents in home visiting programs, and include information on mothers' and staff perspectives of the engagement process; (3) replicate findings on the efficacy of the MOM Program model; (4) examine the role of child gender in home visiting program retention; (5) create and evaluate methods to record and analyze staff outreach activities using innovative technology.

Policy implications are: (1) home visiting programs should be made available to a wide age range of mothers who are vulnerable because of poverty-level family income, even those who have children older than the target child; (2) home visiting programs promote child heath care appointment-keeping and, ultimately, child health.