



MIECHV BRIEF STUDY REPORT: PARTICIPANT DROPOUT SURVEY RESULTS—2016



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Center for Prevention Research and Development
University of Illinois

Introduction

A major concern and consideration for the quality and effectiveness of home visiting services is ensuring that participants fully engage and complete the intended scope of services as recommended by the program models. The evaluation team undertook a study to reach out to caregivers and families who dropped out of MIECHV programs as a way to understand the key factors that may be contributing to dropouts in Illinois MIECHV families.

Methods

The CPRD Dropout Study was designed to contact and interview home visiting participants who left or dropped out of Illinois MIECHV home visiting services before they completed, graduated or aged out of the program. The evaluation team adapted the Home Visiting Services Consumer/Parent Satisfaction survey that was currently being used as part of the in-home assessment conducted by the five Field Data Collection (FDC) specialists. The evaluation team submitted and gained approval of an amendment to the current MIECHV Institutional Review Board for conducting the 10-15 minute telephone interview.

Sample

The research team identified the home visiting participants who were enrolled in Illinois MIECHV programs and dropped out over a two year period. This information was obtained from the Visit Tracker management information system that MIECHV uses to track families participating in the three programs across 19 sites. The research team identified approximately 188 participants who dropped out of home visiting programs in the six communities, and attempted to contact those families over a 6-week time period. The FDC staff made at least 5 attempts to contact the families with the telephone number that was last recorded in the participant's MIS file.

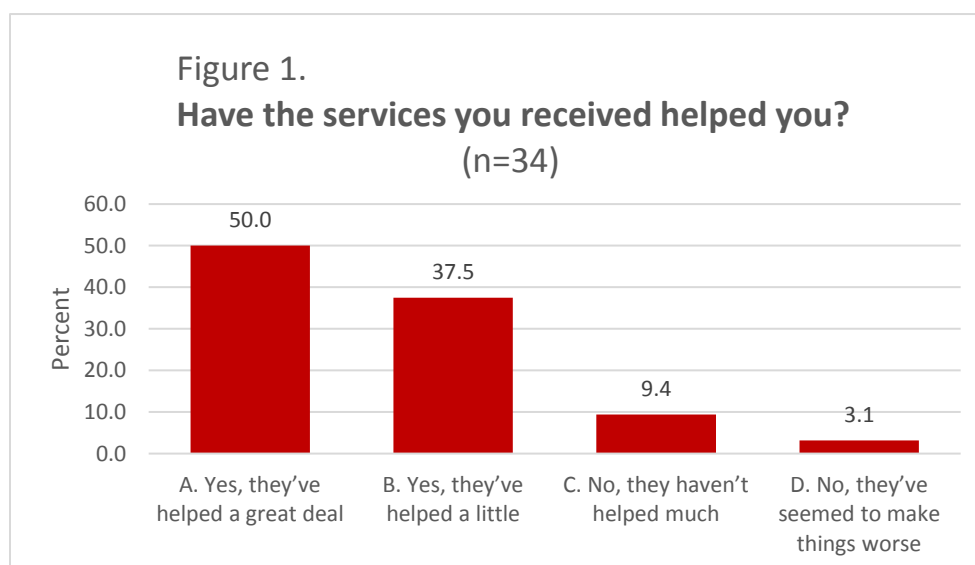
As expected, many mobile phones were no longer in operation or there were no responses to the calls. The FDC staff were able to reach 43 MIECHV participants who dropped out (23% contact rate). Thirty-four participants provided consent to participate in the phone survey and 9 participants refused (79% interview completion rate).

Participants received a \$10 gift card for participating in the study. The limited sample size prevents any generalizations regarding the overall MIECHV family dropout caregivers, but it does provide information that is helpful to the MIECHV project staff.

Results

Dropout Respondent Demographics and Service Delivery Characteristics

- Of the 34 respondents, their average age was 28 years old with a range from 19 to 43 years old.
- When asked about how much time home visitors spent with them at each visit, the average visit lasted approximately 58 minutes with a range of 20 to 120 minutes.
- When asked about how frequently dropout respondents saw their home visitors, 42% reported weekly visits, 18% reported every other week and 12% reported monthly visits.
- Dropout participants reported several important home visiting service characteristics related to discussion and interactions with their home visitor. For example, when dropout respondents were asked about whether the home visitor talked to the caregiver about the baby, parenting, health and development, 73% reported these topics were discussed at “every visit” and 18% reported these topics were discussed at “some visits”, and only 9% reported “seldom during visits” with the vast majority indicating the home visitor spent enough time with the family.
- Another service delivery characteristic question asked whether the caregivers believe they were treated with respect. Cultural competence and positive relationships are the foundation of home visiting services. Overall, 97% of the dropout respondents reported that they were clearly treated with respect, and one respondent (3%) reported not feeling treated with the highest level of respect. Of course, it is difficult to interpret the response of one individual, but it should be noted.
- A fourth key consumer/parent satisfaction survey question asked home visiting dropouts whether they believed that they derived benefits from receiving home visiting services. Figure 1 shows that 50% of the dropouts reported they believe that home visiting services helped them a great deal, and 37.5% reported they helped “a little”. “They haven’t helped much” was reported by 9.4%, and one person (3.1%) reported that home visiting services seemed to make things worse.

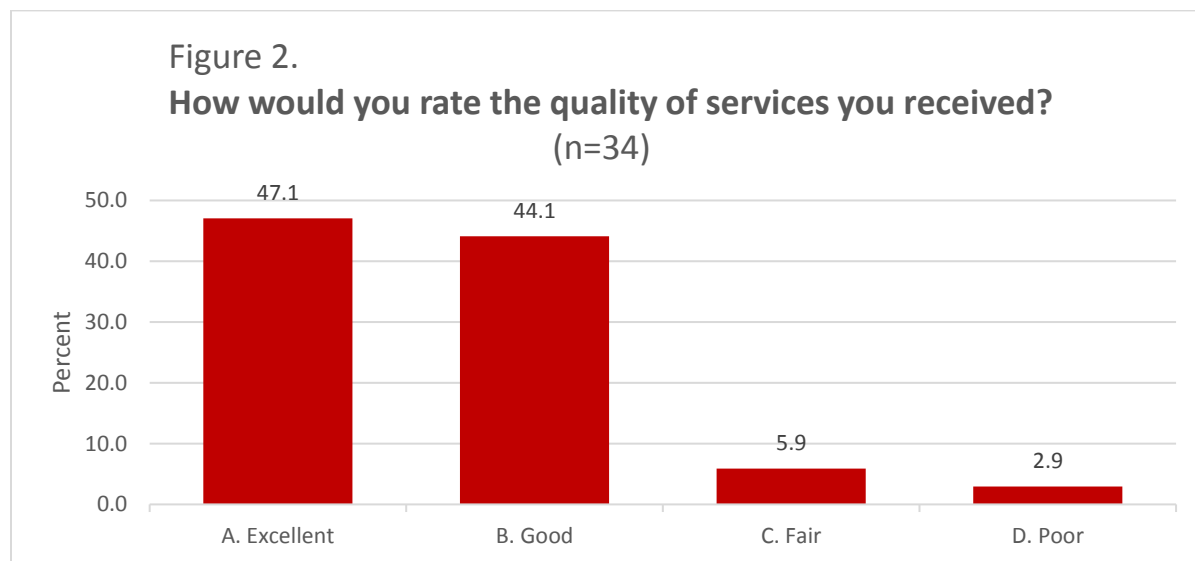


- A final service question asked dropout caregivers whether they believed that their home visitor spent enough time with the family during a home visit. The majority of participants (58%) reported “yes always” that their home visitor spent enough time with them, 33% reported “yes, most of the time” and 9% reported “no, not usually”.

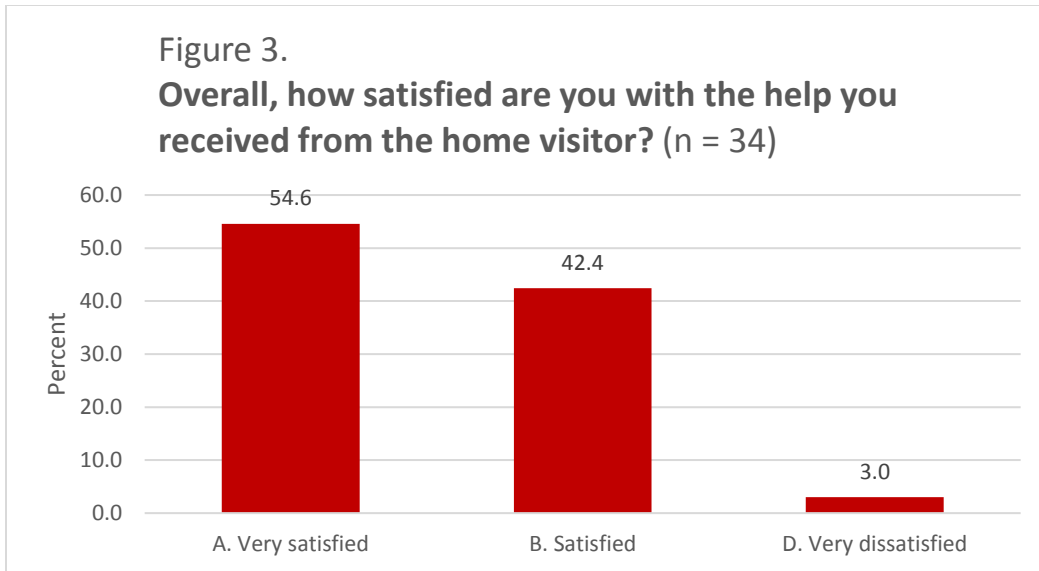
Consumer/Parent Satisfaction.

In addition to the responses described above, we identified five key questions that are often widely used to capture consumer/parent satisfaction with a broad range of health and human services, including home visiting.

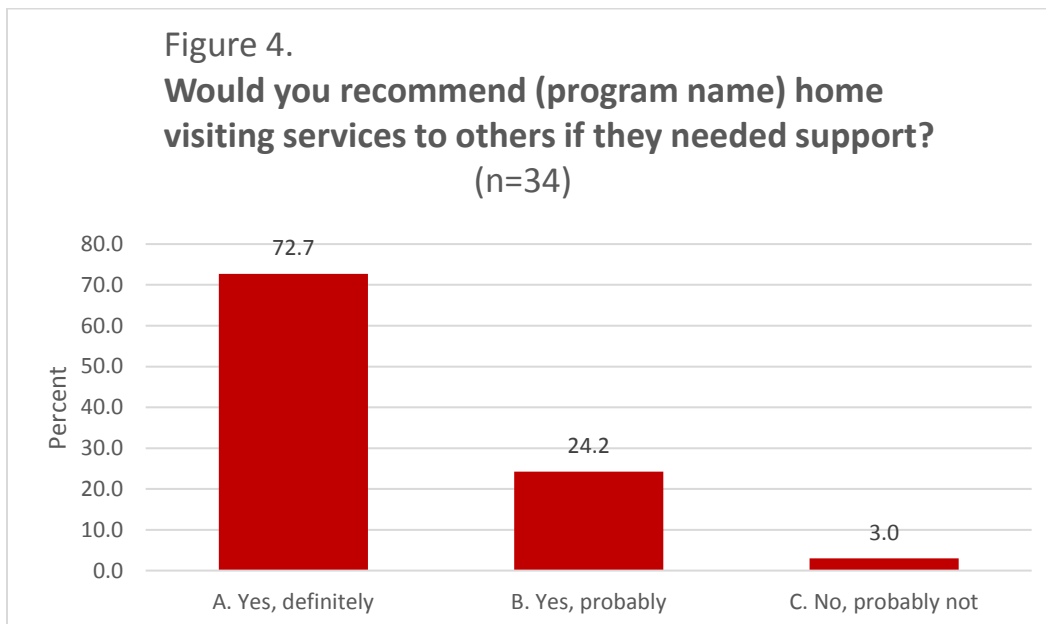
- How did families who dropped out of home visiting report their home visiting experiences? MIECHV dropouts’ ratings of home visiting services were highly positive. Figure 2 shows that 91% of the home visiting dropouts report they would rate their home visiting services as excellent or good, which is very similar to the number that home visiting services received from all participants last year. Only one dropout rated the home visiting services as poor.



- The next key question answered by the home visiting dropout sample was whether they were satisfied with the home visiting services they received as a way to gauge their overall satisfaction with home visiting services. Figure 3 shows that 97% of the survey respondents report they were satisfied or very satisfied with the home visiting services they received, while just one individual (3%) reported “very dissatisfied”. Although the number of respondents is small, it does provide some insight as to whether there are differences between the dropout sample and the full state sample.



- A third widely used question related to home visiting services is whether a mother or caregiver would recommend home visiting services to others if they needed support. People who are willing to endorse a product or service provide significant trust in that service, and indicate a willingness to inform others regarding that quality. We asked the dropout sample whether they would recommend home visiting services to others if they needed the support for their families. Figure 4 below shows that 97% of the dropout sample would endorse the home visiting services that they received.



Open ended questions

What did families who dropped out of home visiting services report as the major factors related to leaving the program?

Overall, parents who completed the dropout survey reported high ratings for home visiting services on each of the four dimensions. The next research question asked “what were the factors that contributed to their dropping out of the home visiting programs”. This question was asked in an open-ended way, so the analysis required a grouping and sorting of responses.

Of the 34 telephone respondents, 18 respondents provided reasons for leaving the program and those could be categorized into four broad categories. A fifth category was created based on a number of idiosyncratic categories that had only 1-2 responses in each category.

The broader categories and examples of participant’s responses are listed below in order of frequency of responses.

- 1) Lost contact with home visitor (3)
 - *No contact from Agency*
 - *Says she can't rate services only had 1-2 visits, states moved and home visitor never contacted her again.*
 - *put out, I think it was funding*
- 2) Child aged-out or moved to another program (3)
 - *My child needed therapies for development problems, so we entered a school program and could not continue with home visits.*
 - *My son started preschool/daycare.*
 - *She went to preschool, so she could not continue.*
- 3) Employment related (5)
 - *I started working and also I got into this WIC program.*
 - *I started working days and could not meet when my home visitor was working.*
 - *I was working too much.*
 - *my new job/working*
 - *work four part-time jobs*
- 4) Did not like my home visitor (1)
 - *She was often very late for the visits. At first, I didn't like how she treated my child- very sharp, not really playing. Also it did not include the siblings.*
- 5) Other (6)
 - *Baby removed from home. In foster care.*
 - *Became homeless while in program and it became impossible to keep visits.*
 - *I got back with the father of my child.*
 - *I have an older child and I had already learned most of this.*
 - *It was not needed. I was not learning.*
 - *We moved in with his mother, the house was too cluttered and busy for home visiting.*

What did families who dropped out of home visiting report as least helpful aspects of their home visiting experiences?

A second open-ended question asked to the dropout sample was what they believed were the “least helpful” aspects of home visiting services. Thirty one responses were received for this question, and most responses were overwhelmingly positive (17 responses) saying that they

would “not change anything”. Other comments were similarly related to several issues mentioned above

1) No changes needed (17)

- *Nothing.*
- *Every visit was very good.*
- *Can't think of anything*

2) Home visitor issues (7)

- *Visits too few.*
- *There were not enough visits.*
- *He didn't like the books she brought very much, though he likes other books. She continued to bring the same books though.*
- *Cut me off during the last month. Didn't show up or call, no contact from Doula. I really, really needed the Doula before my child was born.*
- *The developmental activities brought by the home visitor were usually things she already knew or could do.*
- *We had some communication problems. HV had an accent and I talk fast so we had to ask each other to repeat self.*
- *Transferred me too early*

3) Scheduling (3)

- *My schedule*
- *Working and too time consuming. not being able to drive*
- *The timing was often bad.*

4) Redundant information (4)

- *Some things I already knew.*
- *Probably some of the health information was redundant (I already knew it), but perhaps just for me.*
- *Information about how to take care of kids, because I started taking care of my nieces at a young age and knew that, what toys to play with at what ages.*
- *Too much repetition of material that seemed like common sense to me.*