

Illinois Maternal Infant and Early
Childhood Home Visiting (MIECHV)
Consumer\Parent Dropout Analysis -
2014

Prepared by
Center for Prevention Research and Development
Institute of Government and Public Affairs
University of Illinois
February 2015

Background

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. Consumer\parent satisfaction is a widely used measure to evaluate the quality of home visiting and related health and social services. Satisfaction has been shown to be a positive predictor of remaining and completing home visiting programs along with other factors such as cultural competence, frequency and duration of visits, skills and experience of the home visitor and positive rapport with the family (Barak, Spielberger, & Gitlow, 2014; Holland, et al., 2014; Damashek, et al., 2011). A major challenge of consumer\parent satisfaction ratings is the positively bias, participant selection bias and interpretation of the results. However, consumer\parent input, feedback and satisfaction provide one important dimension for rating the quality of home visiting services.

Home visiting program drop outs are well documented in the literature and increasing attention has been paid both in the research and implementation literature (O'Brien, Mortiz, Luckey, McClatchey, Ingoldby, & Olds 2012). O'Brien). In 2014, the MIECHV evaluation team at the University of Illinois conducted an attrition study of Illinois MIECHV programs for FY 2013 (CPRD Attrition Study, 2014). Results showed widely disparate dropout rates by community ranging from nearly 100% to 0%. The overall dropout rate was 48%. As a follow-up to the attrition study, the evaluation team undertook a study to reach out to caregiver and families who dropped out of MIECHV programs as a way to understand the key factors that may be contributing to dropouts in Illinois MEICVH families.

As part of the larger MIECHV evaluation, the research team from the University of Illinois has been conducting consumer\parent satisfaction surveys with the all consenting caregivers participating in the MIECHV programs. The first full year of collection consumer\parent satisfaction was in 2013, and the results were "off the chart" positive and for both services and the home visitors. With services rated so highly by families, the research team hypothesized that another perspective could be gained by contacting and asking the same questions to caregivers who left (quit, dropped out) home visiting services. To that end, the evaluation team proposed brief study of MIECHV families who dropped out or stopped home visiting services to differences between the full sample from 2013 and the dropouts in 2013.

The evaluation team developed following research questions to be addressed by this study:

- 1) How did families who dropped out of home visiting report their home visiting experiences?
- 2) What were the major reasons for dropping out of the Illinois MEICVH home visiting programs?
- 3) What did families who dropped out of home visiting report as least helpful aspects of their home visiting experiences?

Method

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 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 six 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 four programs across 20 sites. The research team identified approximately 125 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 participants MIS file. As expected, many mobile phones were no longer in operation or no responses at all. A total of 42 calls were completed for a 28% response 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 42 respondents, their average age was 29 years old with a range from 19 to 38 years old. When asked about how much time home visitors spent with them at each visit, the average visit lasted approximately 68 minutes with a range of 40 to 80 minutes. When asked about how frequently dropout respondents saw their home visitors, 44% reported weekly visits, 46% reported every other week and 5% 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, 95% reported these topics were discussed at every visit and 5% reported these topics were discussed at “some 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. As mentioned earlier, cultural competence and positive relationships are the foundation of home visiting services. Overall, 95% of the dropout respondents reported that they were clearly treated with respect (95%), and two respondents reported not feeling treated with the highest level of respect (5%). Of course, it is difficult to interpret the response of two individuals, but these should be noted.

A fourth key consumer\parent satisfaction survey question asked home visting dropouts whether they believed that home visiting services they derived benefits from receiving home visiting servicies. Sixty-seven percent of the dropouts report they believe that home visiting services helped them a great deal and 31% report they helped “a little”. One person reported that home visiting services have not helped much.

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 (83%) reported “yes always” that their home visitor spent enough time with them, and 17% reported “yes, most of the time”.

Consumer\parent/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.

1) How did families who dropped out home visiting report their home visiting experiences?

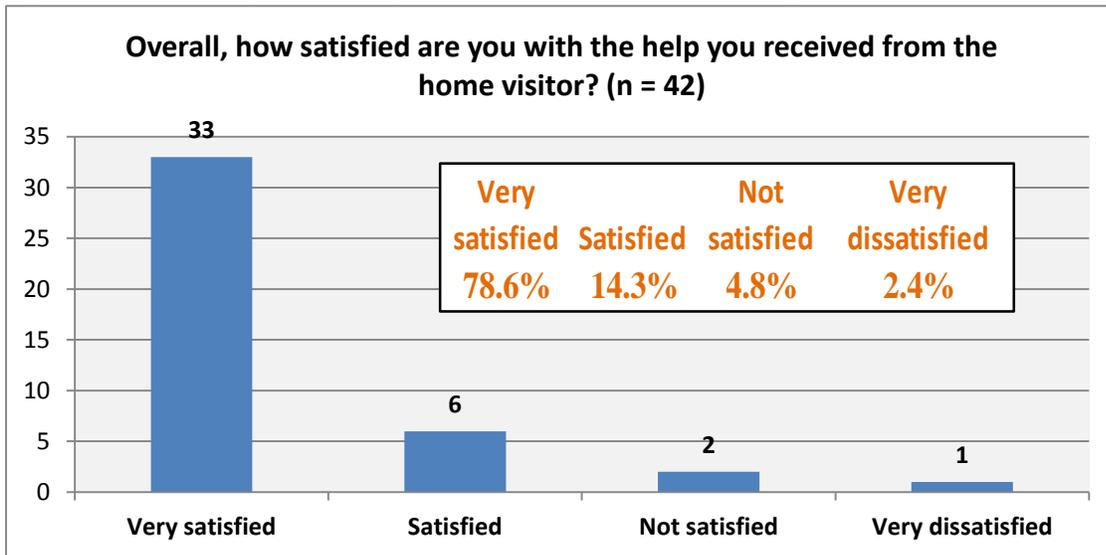
When dropouts were asked about how they would rate home visiting services, their were highly positive. Figure 1 shows that 95% of the home visiting dropouts report they would rate their home visiting services at excellent or good, which is very similar to the number that home visting services received from all participants last year. No dropout participant rated the home visiting services as poor.

Figure 1. Consumer\parent fating of the quality home visiting services.



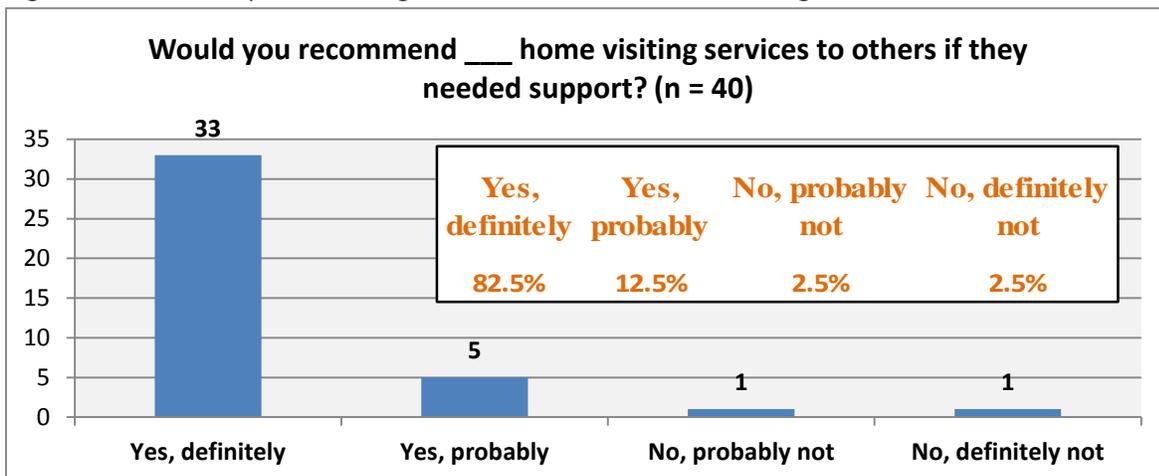
The next key question answered by the home visiting dropout sample was whether they were satisfied with the home visiting services they received as a way to gauge their overall satisfaction with home visiting services. Figure 2 shows that 93% of the survey repondents report they were satisfied or very satisfied with the home visiting services they received, while a small percent 7.2% or three individuals reported they were not satisfied or very dissatisfied. Although the number of respondent is small, it does provide some insight as to whether there are differences between the drop out sample and the full state sample.

Figure 2. Consumer\parent rating of satisfaction with home visiting services.



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 3 below shows that 95% of the dropout sample would endorse the home visiting services that they received and

Figure 3. Consumer\parent willingness to recommend home visiting services.

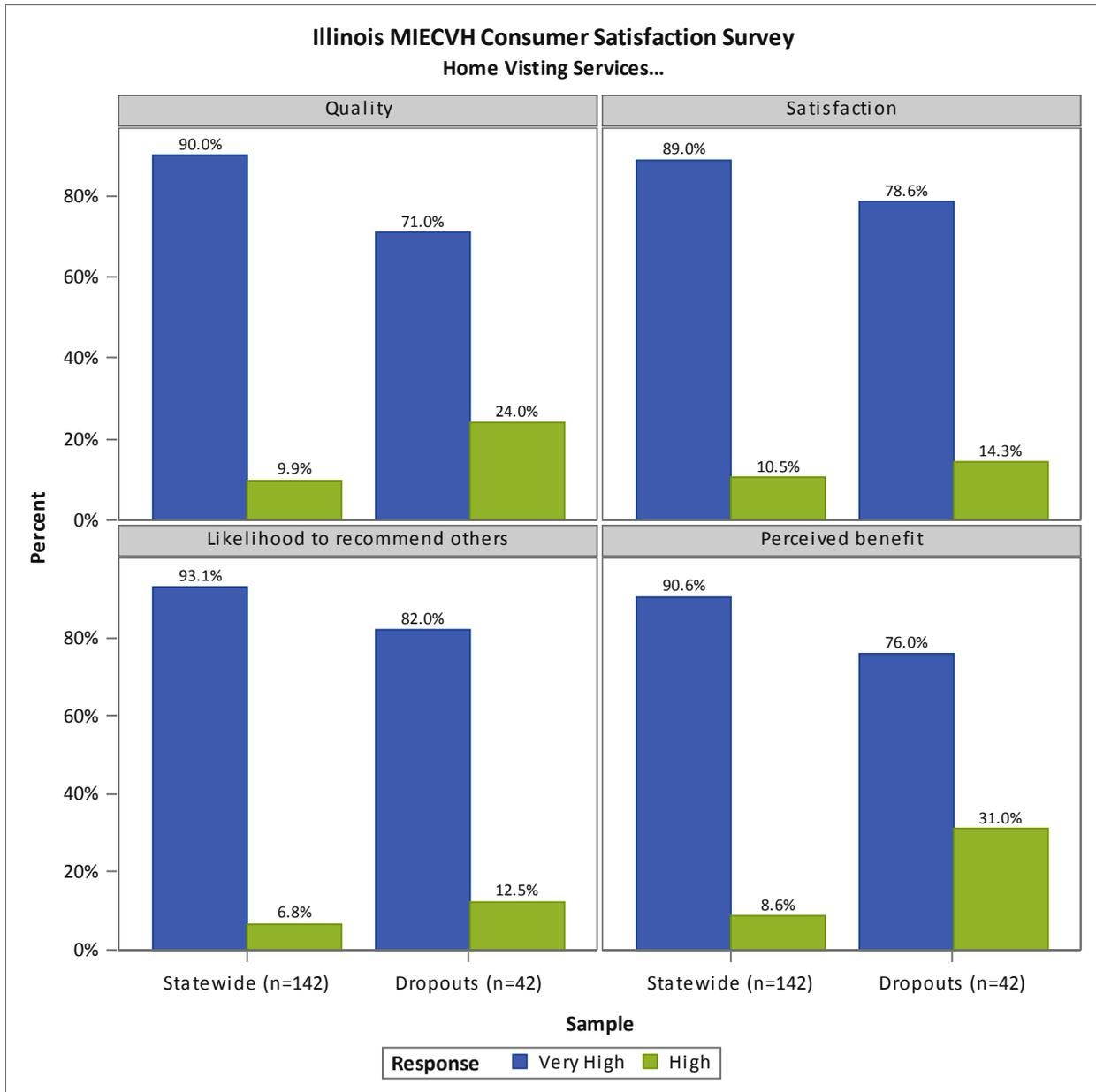


State Sample Compared to Dropout Sample

A final way that we examined consumer\parent satisfaction results was to compare the large sample from 2014 who participated in home visiting and had not dropped out yet compared to those who we contacted via telephone. Several caveats must be recognized for this type of comparison. The two surveys were done with different methodology; in-person interview compared to telephone surveys, the

statewide sample was from FY 2013 families, and the telephone survey was successful in contacting only 42 dropouts, which was only 28% of the targeted sample.

Figure 4 below shows four key dimensions to consumer\parent satisfaction that include participant reports of quality rating, satisfaction with services, perceived benefit and likelihood of recommending services to others. As presented in last years Annual Report, the consumer\parent satisfaction surveys were so positive (97-99% positive) that we believe that it would almost be impossible to improve due to the ceiling effect. With those caveats, Figure 4 below shows that the dropout sample rated home visiting high, but not quite as high as the full annual sample. These differences range from approximately 10%-19% in the dropout sample, which is not surprising since the full sample had more cases and the families were still enrolled in home visiting services.



- 2) 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 asks “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 42 telephone respondents, 24 reasons were provided 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 – e.g., I got a new telephone number, she never called back, & she stopped contacting me, cancelled too many times and was kicked out. (5)
 - 2) Child aged out or moved to another program – Sent my child to Head Start, completed program, child was going to preschool, child required autism services. (5)
 - 3) Became employed – Got a full-time job and did not have time, too busy. (5)
 - 4) Did not like my home visitor – she was not helpful, did not bring creative toys/activities, did not like my home visitor and did not what to try someone new. (4)
 - 5) Other – child left foster care, went back to parents, missed too many appointments and I got kicked out. (5)
- 3) 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 drop out sample was what they believed were the “least helpful” aspects of home visiting services. Forty responses were received for this questions, and 27 responses were overwhelmingly positive saying that they would “not change anything”. Other comments were similarly related to several issues mentioned above

- 1) No changes needed – (27) nothing, nothing really, it was all helpful, everything was good, I cannot think of anything, nothing, she could always answer my questions, no one was better than Ms. ____
- 2) Home visitor issues (4) Not much help, information was too basic, 1st home visitor was offensive, switched home visitors, (I) would have liked more pregnancy materials
- 3) Scheduling – (2) hard for me to keep appointments, working around my schedule
- 4) Single item mentionable (7) – survey questions too personal, transportation issues for center/field trips, choosing a program, leaving the program, I wish I could have stayed forever

Conclusions and Recommendations

The dropout survey was conducted in 2014 to gain better understanding of the significant number of dropouts found in 2013. Unfortunately, the consumer\parent satisfaction telephone survey was only able to reach 28% of the approximate 150 MIECHV participants that we originally set out to capture. It was also interesting that we found that several of the participants reached in the dropout survey indicated that they had completed the program or aged out of home visiting services. Although it was only a few individuals reporting completing home visiting services, it raises concerns regarding the accuracy of the management information system for tracking families and proper closing out of families.

Overall, the dropout sample reported positive reports of their home visiting experiences and services, but were slightly less positive than the full 2013 sample (of actively enrolled participants). The majority of respondents rated home visiting services very positively both in the objective highly satisfied, quality, perceived benefits and willingness to recommend to others. The more open-ended or subjective question also found overwhelming support for the services they received. The major factors dropout respondents mentioned included losing contact, poor communication and scheduling issues with home visitor, becoming employed or too busy, moving and having a child age out or complete the program. A small number of respondents criticized home visiting in terms of the activities and information shared was too basic, and did not meet their needs or interests (pregnancy materials), loss of home visitor, and not wanting to start over, and one mention of not liking her home visitor, which are also commonly reported in the research literature (Holland, et al., 2014). Although these concerns were raised by only a small number of participants, they provide key areas for continued monitoring and attention.

Lessons Learned

The results of this brief study in the context of what is already known in the research literature and how those issues are evident in Illinois, the following lessons learned and considerations are provided:

There is large positive support from Illinois MEICV home visiting services as reported in both the larger sample of MIECHV home visitors and our dropout sample.

The communication process between the home visitor and participants is often complicated by demands of busy lives and schedules

It is unclear how several of the dropout sample report they completed or aged out of the program, which suggest a closer understanding of how the home visiting participants are closed out. Respondents also need assistance in transitioning to other programs or preschool.

The essential ingredients for providing high quality home visiting programs are home visitors who can build positive, healthy and product relationships and provide information and education materials that are meaningful and useful to participants.

Selected References

- Barak, A., Spielberger, J. & Gitlow, E., (2014). The challenge of relationships and fidelity: Home visitors perspectives. *Children and Youth Services*, 42, 50-58.
- Damashek, A., Doughty, D., Ware, L., & Silovsky, J., (2011). Predictors of client engagement and attrition in home-based child maltreatment prevention services. *Child Maltreatment*, 16, 1, 9-20.
- Holland, M.L., Christensen, J.J., Shone, L.P., Kearney, M.H., & Kitzman, H.J., (2014). Women's reasons for attrition from a nurse home visiting programs, *Journal Obstetric, Gynecologic and Neonatal Nurses*. 43, 1, 61- 69
- O'Brien, R.A., Mortiz, P., Luckey, D.W., McClatchey, M.W., Ingoldby, E.M., & Olds, D. (2012). Mixed methods analysis of participant attrition in Nurse-Family Partnership, *Prevention Science*, 13: 219-228.