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## Introduction

### ■ Infant/Toddler Service Systems

Two prominent health and developmental service systems for infants and toddlers include home visiting programs and pediatric primary care. Both service systems focus on promoting optimal outcomes for children through prevention and intervention practices.

- **Home Visiting:** Home visiting programs promote health equity by supporting positive parenting, child health and development, and school readiness skills. Home visiting program models are collectively founded on the evidence that parenting practices are associated with positive child outcomes (Shonkoff & Phillips, 2000). As such, the goal of home visiting is to promote these positive child outcomes through parent-mediated interventions and family-centered practice.
- **Pediatric Primary Care:** For infants and toddlers specifically, PPC providers are heavily involved in administering early developmental screening, providing appropriate referrals to early intervention and education services, and encouraging positive parenting practices and strategies to promote school readiness.

Although both the medical home model and home visiting models seek to achieve coordinated care, evidence suggests that such coordination is not regularly occurring (Paradis et al., 2018).

### ■ Interagency Training

- Interagency training is promising for formulating communication between systems and increasing understanding of each system's role in the care of infants and toddlers.
- The Department for Education and Skills (DfES) of Great Britain (2006) described the purpose of interagency training as to achieve the following for staff from different agencies:
  - 1) a shared understanding of the tasks, processes, principles, roles, and responsibilities for protecting children and promoting their welfare,
  - 2) more effective and integrated services at the systems- and individual-levels,
  - 3) improved communication between professionals including a common understanding of key terms, definitions, and thresholds for action,
  - 4) effective working relationships including an ability to work on multidisciplinary teams, and
  - 5) logical decision-making based on information sharing, thorough assessments, critical analyses, and professional judgment.
- An interagency training that meets these goals could be a viable solution for coordinating care between EHS home visiting and PPC for infants and toddlers who experience socioeconomic disadvantage.

## Methods

- **Participatory Intervention Model (Nastasi et al., 2000):** emphasizes active collaboration between researchers and community stakeholders throughout the entire research process
  - Partnership Team consisting of administrative members from community agencies involved guided the development of the interagency training described below.
- **Development of *Linking for Little Ones* (LLO; Figure 1)**
  - Two major training areas:
    - 1) agency-specific information regarding the mission, goals, infrastructure, roles and responsibilities of staff, and procedural information for collaboration efforts such as referrals for home visiting and PPC, and
    - 2) culturally responsive family-centered care practices in home visiting and pediatric primary care settings.
- Home visitors and pediatric primary care residents are engaged in several collaborative training activities.

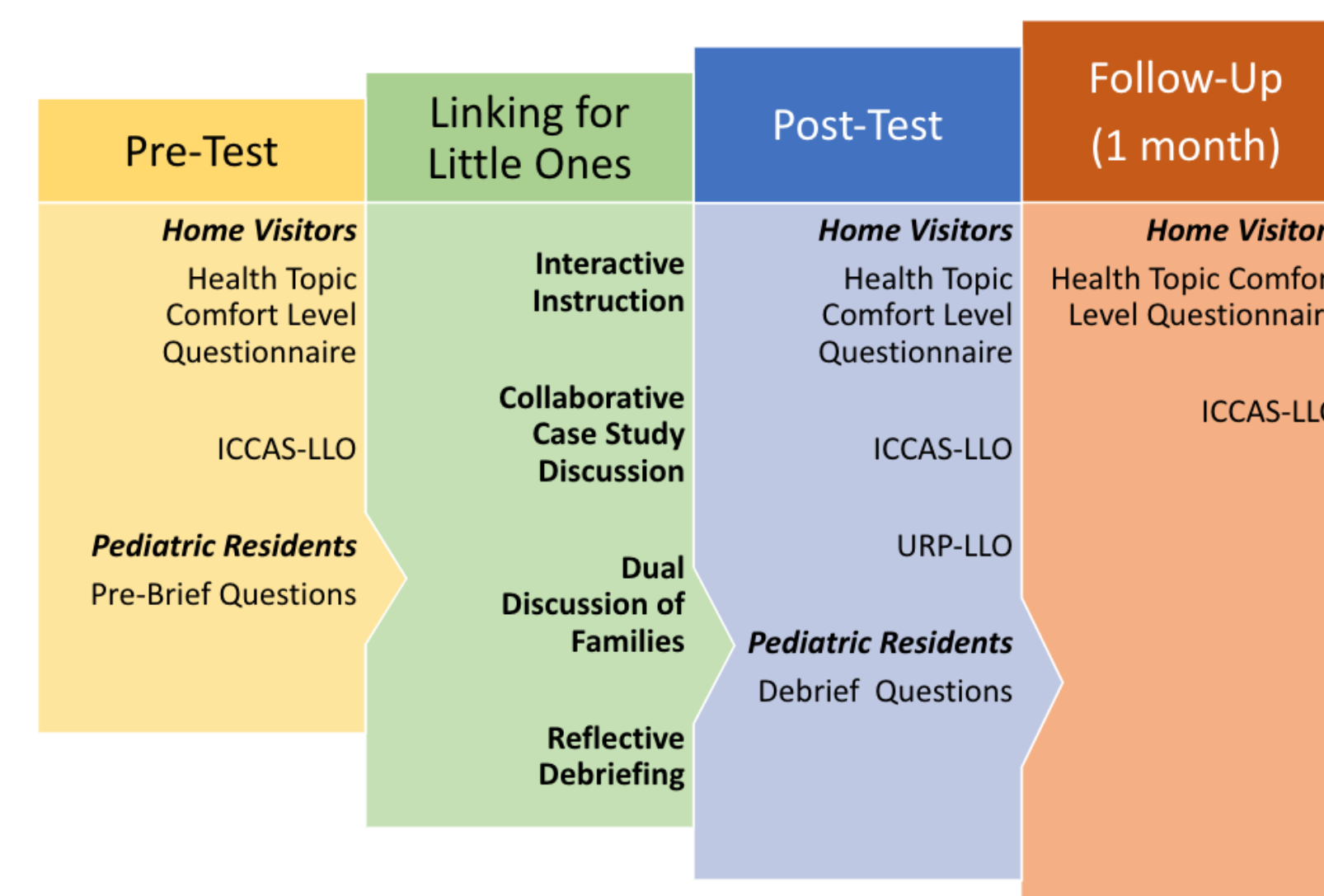


Figure 1. Linking for Little Ones Research Design

- **Quantitative Data Collection:** pre-LLO, post-LLO, 1-month-follow-up
  - **Health Topic Comfort Level Questionnaire:** Home visitors complete questions about their competency to guide parents of infants/toddlers about pertinent health topics
  - **Interprofessional Collaboration Competencies Attainment Survey (ICCAS; Archibald et al., 2014):** Home visitors complete questions about their competency to engage in interprofessional collaborations with pediatricians. Questions have been revised to reflect HV/pediatric resident interprofessional collaboration specifically.
  - **Usage Rating Profile – Intervention Revised (URP-IR; Chafouleas et al., 2011):** Home visitors report on their perspectives on intervention adoption and usage over time. Questions have been revised to reflect Linking for Little Ones content.

## Methods (continued)

- **Qualitative Analyses:** pre-LLO and post-LLO timepoints only
  - Pediatric residents responded to three prebriefing and three debriefing questions
  - Responses to the questions were structurally coded to identify similarities among responses and generate code frequency reports

Prebriefing Questions			Debriefing Questions		
1.	What do you know about Early Head Start?		1.	What are three new things you learned in today's training?	
2.	How do you incorporate family-centered care practices in your work with families?		2.	After today's training, how might you consider using family-centered care practices, or therapeutic stance, in your work with children and families?	
3.	How do you, or would you, partner with a community service provider who is working with your patient?		3.	After today's training, how has your perspective on partnering with home visitors changed?	

Table 1. Prebriefing and Debriefing Questions

## Linking for Little Ones Components

### 1. Prebriefing

### 2. Interactive Instruction

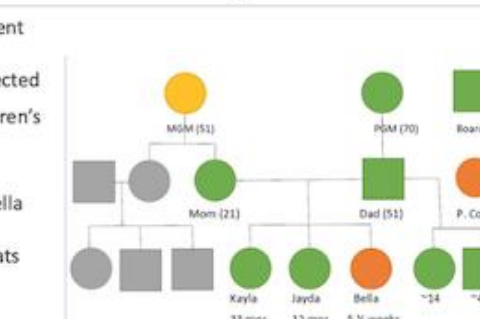
Linking for Little Ones:  
Early Head Start & Pediatrics Working Together to Support the Psychosocial Context of Child Development



### 3. Collaborative Case Study

#### Case Study: The Brown Family

► Family goals: Evaluate children's development and address safe housing  
► Strengths: Mother is very intelligent, connected to her support, and professional with children's father  
► Mother reports a history of PTSD  
► Mother did not receive prenatal care for Bella  
► Bella is in poor condition and in need of significant repairs; home has 2 dogs and 3 cats  
► Colors indicate household: Children = Females, Squares = Males



### 4. Dual Discussion of Families

#### Family Review

You will hear about several families currently being served by Early Head Start. As you listen,  
► Consider what additional questions you might have about the family  
► Think about what you might recommend for the child/family if the child was your patient – share your expertise!



### 5. Debriefing

## Results

Paired Samples T-Tests for the Health Topics Comfort Level Questionnaire

Comparison	Timepoint	N	M	SD	Paired mean difference	t-value	p-value	Cohen's d
Pre-LLO to Post-LLO	Pre-LLO	8	33.00	2.98	0.00	0.00	1.00	0.00
	Post-LLO	8	33.00	2.78				
Post-LLO to Follow-Up	Post-LLO	7	32.57	2.70	-0.86	-0.74	0.49	-0.28
	Follow-Up	7	31.71	4.99				

Paired Samples T-Tests for the ICCAS-LLO

Comparison	Timepoint	N	M	SD	Paired mean difference	t-value	p-value	Cohen's d
Pre-LLO to Post-LLO	Pre-LLO	6	40.00	12.28	3.83	1.10	0.321	0.45
	Post-LLO	6	43.83	7.86				
Post-LLO to Follow-Up	Post-LLO	6	44.00	8.00	-2.67	-1.96	0.107	-0.80
	Follow-Up	6	41.33	8.71				

**LLO usability was rated a 4.95 out of 6, on average, by the home visitors.**

### Responses to Prebriefing Questions

Q1: 29% of residents incorrectly described EHS as a preschool program  
Q2: 36% of residents discussed individualizing their approach to care based on family characteristics (e.g., culture)  
Q3: 75% of residents highlighted the importance of communication, with details as to how to communicate with other professionals

### Responses to Debriefing Questions

Q1: 78% of residents shared logistical information (e.g., EHS eligibility)  
Q2: 78% of residents emphasized using an individualized approach to care (e.g., leading with family strengths)  
Q3: 100% of residents identified home visitors as an asset to the medical team

"We have **similar goals**, and so making sure to communicate with the family our goals and to emphasize things with their home visitors may be useful."

"I love this program! I want to refer all my families to it. I can see how this level of support is beneficial to families, and **partnering with home visitors** gives a unique insight into family dynamics, strengths, and needs."

## Discussion

- The PIM model supported successful development and implementation of LLO
- Residents demonstrated immediate gains in knowledge while home visitors demonstrate gains in competencies to collaborate interprofessionally
  - Decreases over time suggest need for ongoing partnership opportunities
- Overall, interagency training shows promise for building partnerships between pediatric primary care and community agencies and organizations
  - Future studies should prioritize a waitlist control condition, collaborative debriefing, and the inclusion of parents on the Partnership Team



Scan for references