



DROP-OFF DISPARITY ANALYSIS

INTRODUCTION

“Drop-off” is defined as families who do not receive a postpartum home visit when they accepted a visit offered by a Hospital Outreach Coordinator. There may be a variety of reasons why a family does not receive a visit, e.g., refusal when nurse tries to schedule, disconnected phone, wrong address, never contacted, etc.

When we initially looked at this apparent drop-off issue, it appeared that there was a disparity among African American families who did not receive visits compared to other race/ethnic groups. Therefore, we performed a detailed analysis of drop off rates for 2001-2004 and for the last annual report period, 2004-05. Multiple variables were used for this analysis including: race/ethnicity, geographic distribution, first time mom, observed depression, mom’s educational level, health insurance, service provider team and mother’s need for interpretation. During 2004-05, Family Support Services changed the criteria that determined to whom HOCs offered postpartum home visits - limiting visits to families who fit certain risk criteria. In addition, the merger of Alta Bates and Summit Hospitals was completed and the ability for ACPH and City of Berkeley to accept referrals was limited due to resource issues and changes in funding.

WHAT MADE IT MORE LIKELY FOR FAMILIES TO RECEIVE A VISIT OVER ALL FOUR YEARS (2001-2005)?

Consistent and reliable predictors of whether families receive a visit include:

- Observed maternal depression by HOCs during enrollment increased the likelihood of families receiving a home visit.
- Team assignments based on regional coverage were consistent with the likelihood of families receiving a home visit.
- An aggregate analysis of all four years also found that race/ethnicity alone was *not* related to the likelihood of receiving a visit. No reliable pattern emerged in “drop-offs” when other factors such as maternal depression and team assignments were taken into consideration.

DIFFERENCES IN FACTORS INFLUENCING THE LIKELIHOOD OF FAMILIES RECEIVING A VISIT DURING THE FIRST THREE YEARS AND THE LAST YEAR

Likely predictors of “not being seen after accepting a visit in the hospital” revealed differences when comparing the three fiscal years from 2001-2004 to fiscal year 2004-05. Policy shifts such as a change in prioritizing criteria for enrollment, staffing issues, changes in hospital enrollments, increased emphasis on using interpretation services, hospital mergers and transitions may have contributed to some inconsistencies in

certain variables such as first time mom status, insurance type (Medi-Cal, Healthy Families and No Insurance), English as mother's primary language, etc.

- First time mom, single moms or moms with unstable housing were *more* likely to receive face to face visits in 2001-2004
- Families with low-income health insurance type (Medi-Cal, Healthy Families and no insurance) or who reside in School Readiness zip codes were *less* likely to receive a home visit in 2001-2004.
- Families needing or requesting interpretation services for the home visit were more likely to receive visit in 2004-2005.

IN SUMMARY

1. Public health nurses are more successful in engaging mothers exhibiting signs of depression
2. Team and regional differences suggest varying staff capacities
3. Policy shifts have a potential to affect home visiting for certain populations
4. Race/ethnicity alone is not associated with whether a family receives a visit