

Relationship among Socio-Demographic Risk Factors, Interpersonal Conflict, and Retention in an Evidence-Based Pre/Perinatal Home Visiting Program



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Background

Beyond race/ethnicity as an indicator of health disparities, research has highlighted the relationship between intimate partner violence (IPV) exposure during pregnancy and poor maternal and infant health outcomes. Yet, the relation between IPV victimization and retention in home visiting programs aiming to improve maternal and child health and development is not well-documented. This study examined factors related to client retention in an evidence-based home visiting program for at-risk pregnant women in Indiana, which ranks well above national averages in pre-term, low birth weight, and infant mortality rates.

Results

Three covariates (i.e., education level, domestic violence, and black/African American) predicted survival time at alpha = .05:

Attrition Risk = $-.022$ (mother's age at intake) + $.176$ (negative depression screen) + **$.504$ (less than 12 years of education versus high school graduate/GED)** + **$.513$ (experienced IPV before the child was born)** + **$.417$ (being Black or African American)** + $.293$ (being American Indian or Alaska Native, Asian, declined to self-identify, or mix).

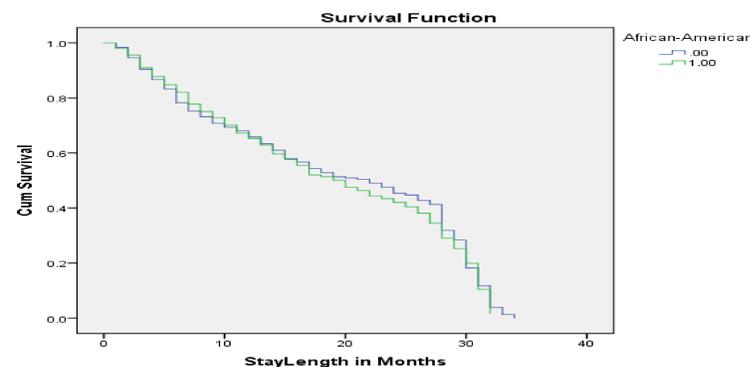
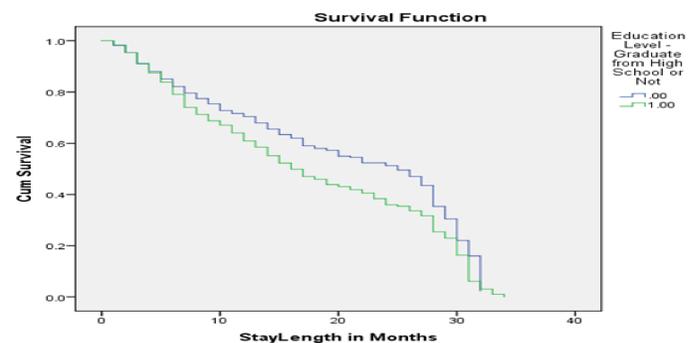
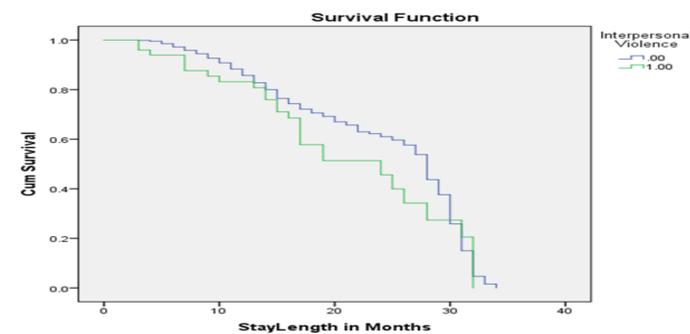
Hazard ratios indicated increased odds of attrition:

- **Less than 12 years of education (65.5%)**
- **Having experienced IPV (67.1%)**
- **African American mother (51.8%)**

Methods

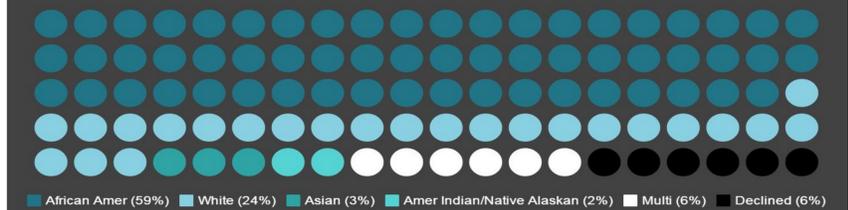
Cox regression survival analysis was used to examine age, race, educational status, maternal depression, and presence of IPV as predictors of survival time (the length of maintained enrolled in the program) among 1118 women enrolled in the program between November 2011 and March 2015. Using list-wise deletion, there were 598 cases included in the survival analysis.

Results



Demographics

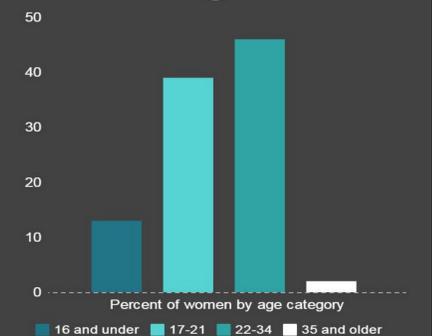
Ethnicity



Education



Age



Conclusions

Of clients who left the program before completion, Two hundred forty-three (42.3%) mothers did so within the first 6 months.

Broad takeaways:

- **Need for brief IPV screens (in lieu of full assessments) given at intake or shortly thereafter**
- **Early intervention and on-going relationship assessments**
- **Targeted efforts to address IPV must be integrated at individual, program, and system levels.**