

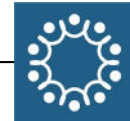


Family Voices in Early Relational Health

December 1, 2020



**Center for the
Study of
Social Policy**
Ideas into Action





Family Voices in Early Relational Health



**Ford Family Foundation
Health Share of Oregon
Early Learning Multnomah
Northwest Health Foundation
Perigee Fund**





Family Voices in Early Relational Health Agenda

Research Project

- Overview of the Research Project
- What we have learned from families

Beth Green

Nelda Reyes

MaryEtta Callier-Wells

National Discussants

Molly Day

Brenda Blasingame

Dipesh Navsaria

Q and A

All



Presenters



Beth Green, PhD

Director of Early Childhood & Family
Support Research
Portland State University



Nelda Reyes

Principal, AB Cultural Drivers
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Parenting Program Supervisor
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Molly Day

Director, Early Learning
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Brenda Blasingame

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Initiative



Dipesh Navsaria, MPH MD

President, WI Chapter AAP
Medical Director, ROR WI



Beth Green, PhD

Director of Early Childhood &
Family Support Research
Portland State University

Project Goals

1. Explore:

- ✓ Generate questions for further research
- ✓ Identify areas of concern & opportunity

2. **Center Family Voice:** In **how** we did our work, **what** questions we asked, **how** we asked them, and **what** the key messages were

3. **Apply Results:** Use power, positionality, and privilege to carry parents' messages forward, inform towards real change



What We Did



- Contracted with three community-connected *Research Liaisons*
 - *Rural Oregon (Yoncalla)*
 - *Northeast Portland (SEI)*
 - **Rural Hispanic/Latinx** (AB Cultural Drivers)
- Research Liaisons identified and supported three teams of *Parent Research Consultants* (PRCs).
 - PRCs paid \$400 honorarium
- Liaisons facilitated **4-6 PRC working sessions**

Planned Parent Research Consultant Meetings



Meeting 1: Project Background, Relationship Building, Input on Research Questions

Meeting 2: Planning Data Collection Methods

Meeting 3: Finalizing protocols and planning for recruitment.

Meetings 4, 5, & 6: Reflections on initial findings, detailed input on key themes, quotes, and recommendations.

Framing PRC Role - Example Slide, Meeting #1

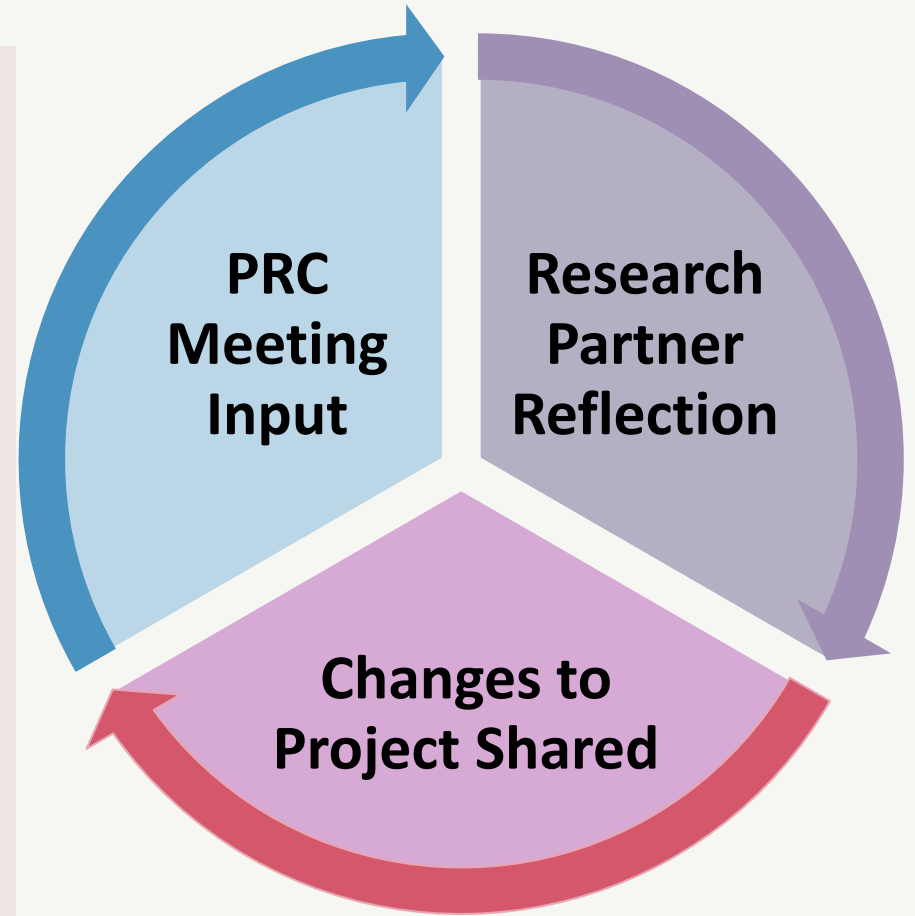
Why Parent Research Consultants Are Important

- Your input will help the project be more successful & authentic by:
 - Helping us figure out what questions are the right ones to ask
 - Helping us ask the right people
 - Helping us understand what we hear
 - Helping us communicate results
- **What else will you bring to the project?**
- **What would you like to get out of this project?**



Incorporating PRC Input

- ✓ Showing changes made
- ✓ Building relationship & trust
- ✓ Center PRC voice in decisions



Showing Changes Based on Input

Example Slide, PRC Meeting #2: Research Questions

You told us:

- ✓ It will be important to hear what families think of as a “healthy” relationship
- ✓ Many people won’t understand the terms “foundational relationships” or “early relational health” means - use “first relationships” or “parent-child relationships” – important for when we reach out to families

Revised Research Questions:

- What do healthy relationships between infants and their caregivers look like to you/in your community?
 - How do we know if the relationship is “healthy”?
 - **What does it mean to have a “healthy relationship” with your baby?**
- What are parents’ thoughts, feelings, and concerns about the role of health care providers in supporting their **first, earliest** relationships with their infants and toddlers?

Example Slide, PRC Meeting #3 (Data Collection Methods):

What We Heard - Focus Groups Best First Option

For Many Reasons!

- People can “bounce ideas” off each other and expand on what others say
- Open-ended questions can bring out new/unexpected information
- Can use slides, videos or pictures to generate conversation
- Lots of different ideas can be shared
- Participants are able to ask for clarity, feedback may be more authentic and better understood, more ideas may be generated
- People may feel more “heard” and valued by being able to speak about their experiences.
- Participants learn from each other as well
- Participants can use the chat function if they don’t feel comfortable talking in a group setting.

Methods & Data Analysis

- Held 3 Focus Groups
- Coded Transcripts, Analyzed Key Themes

Shared Initial Themes & Supporting Quotes with PRCS

- Right language?
- Did we hear this right?
- What did we miss?
- What's important to keep?

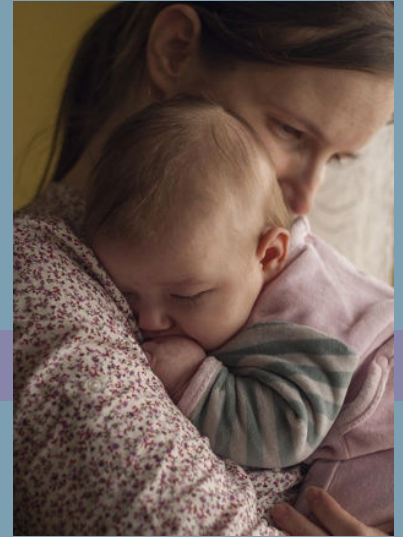


Final Reports & Sharing Back



- One Report for Each Group
- Created Summaries but Retained Original Voices
- Brought **Back** to Parents
- Brought **Forward** to Networks

What Did We Hear From Parents?



**Rural Mothers of Infants &
Toddlers
Yoncalla, Oregon**

What They Shared

- ✓ The importance of **strong parent-child relationships** for themselves and their babies
- ✓ **Strained** relationships with medical providers,
- ✓ Geographic and social **isolation**
- ✓ Need for **more informational & social supports**

*“I don't know if I would ever be completely comfortable divulging some things to my kid's doctor. Because [...] **no matter how much they say they don't judge you, you know they're going to judge you a little bit.** So, I don't know if there's really anything they could do that would make me completely comfortable.”*

In Their Experience

Health care professionals:

- ✓ Lacked understanding of the challenges of living in remote, rural areas
- ✓ Were not interested in the overall well-being/holistic health of their family

They would like their medical providers to:

- ✓ Focus on the whole family,
- ✓ Take a more active role in supporting these early relationships.

“I feel like I'm not sure that doctors actually see that [supporting early relationships] as their role or whether they value that. I don't know...so, it seems strange to me [...] I'm not sure that doctors are being taught this [the value of early relationships].”

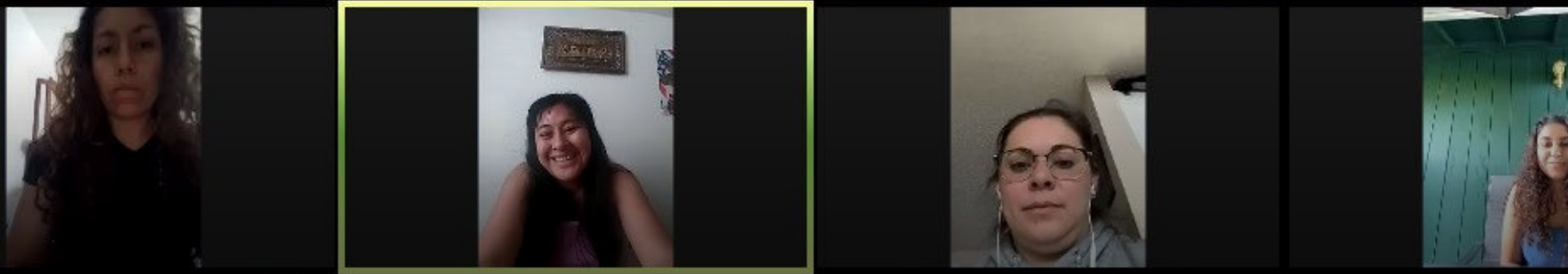
“Being open to creating an environment where the parents feels comfortable to talk to them ...[and] being sensitive to the topics of depression and postpartum and being isolated and feeling alone.”

Rural mothers suggested that medical providers could:

- ✓ Spend more time building positive relationships with parents
- ✓ Connect parents to local resources
 - ✓ Reflect or develop a better understanding of the challenges rural families face



Nelda Reyes



Latin(x) Parent Findings

Araceli

Shirley Tay





Alma's Perspective



What Parents Interpret as Close & Safe Relationships Between Parent and Baby

Babies recognize and feel protected by them + breastfeeding, spending time with their babies, and singing and talking as early attachment practices

What Parents Identify as Important & Positive Parenting Practices

Showing love, affection, and caring + Allowing children freedom to explore + Tending to baby's physical and emotional needs (nutrition, health & education)

How Parents Support Children's Growth & Development

Daily routines, physical development & exercise, naps + Good nutrition and exposure to wide variety of foods + Promoting language development by talking to them



What is their experience with Early Parenting Challenges?

- Sleeping schedule issues, teething, breastfeeding, car driving, and complications related to premature birth + impact of all these in family

What is the Perceived Role of Medical Providers in Supporting Early Relationships?

- Physical Health + Support beyond physical concerns= behavioral + special needs navigation & timely referrals.

What are Key Areas of Opportunity for Medical Providers?

- Invest time in building close relationships with the family unit
- Active and unbiased listening (dismissiveness/downplaying their concerns lead to distrust and frustration)
- Pay special attention when parents' observations point out to concerns described as "out of the norm in comparison to their other children"
- Increase training to be more effective identifying special needs, providing timely referrals & providing appropriate primary care to special needs child
- Increase cultural and language competence (ideally Spanish language + cultural fluency)

[Trans.] “I have the same pediatrician for both [children], and she knows them both very well...and I almost always take both of them [to the doctor]; then she remembers both of their names very well, what they like, and asks me ‘How’s it going [daughter’s name]? Are you using your glasses? I see that you have them, how is your husband? How is work? How is it going for you? What have you done? Are you in the same job?’ She remembers absolutely all the details... with regards to the relationship, that I appreciate a lot, and the pediatrician speaks Spanish and he knows that I speak Spanish, I don’t have to tell him that he has to give me information in both languages, because my husband prefers to read mostly in Spanish, I really appreciate that he knows our needs and that he is concerned and asks about not only the girls’ health but also about me. And you, how are you? Be sure that if you are having any of those postpartum depression symptoms, that you talk with your doctor. I appreciate it a lot.”

What success looks like...
In their words

[Transl.] “I had a conversation with my doctor about my girl, because she was in an incubator for a long time. We couldn’t form the same bond that you can when you are with your child in the same room and you can touch them. With her I had to work a little more so that she would accept me or so that she would communicate with the other children, or so that she would let other people look at her or touch her... She didn’t want anyone to touch her, so I had to talk with my doctor about that and we had to go little by little, especially at school, so that she would let the teachers touch her, so that the other children could play with her, because she was one of those kids who wouldn’t let anyone touch her, as if she were a porcelain doll, don’t let them touch me, so I had to work on that a lot with her doctor.]



MaryEtta Callier-Wells



Renauda's Perspective



What are healthy parent-child relationships & why are they important?

- ◎ **Secure, long-lasting relationships between children and adults are foundational; developing them are a key role that parents play:**
 - Relationships play a **protective role** for children
 - Relationships require **continual connection** and re-connection over time
 - Relationships are developed when there is **honesty, caring, and a lack of judgement**



Where do parents seek and feel support?

- **Support comes from trusting relationships**
- **Experiences with health care providers have significantly damaged trust**
 - Not being heard
 - Not being seen as experts in their own experiences
 - Being judged
- **Experiences described explicitly as racist, traumatic**

*“I feel like they don't have this [Black women's experiences] in mind when they think of that whole concept of, 'let's create this perfect birth plan so we can make you feel as comfortable as possible.' ...I think that that whole idea and that whole concept is for white women and not us. It just kind of trips me out how much we are not taken care of as Black women. **They dismiss us. They don't really listen to us. They have all the answers....**”*



What Needs to Happen?

○ Health Care Professionals Need to:

- Pay attention to patients' emotional well-being;
- Listen deeply and respond to patients' concerns and questions
- Have a sustained practice of checking-in and providing reassurance
- Seek and use authentic feedback from clients/patients
- Take more time to develop relationships with patients

○ Health Care Systems Need to:

- Provide better **training and ongoing professional development** in:
 - Empathy and empathic listening
 - Specific culturally responsive practices and competencies;
- **Recruit and retain** more Black/African American medical providers



Family Voice in Early Relational Health Resources

<https://cssp.org/resource/my-baby-my-doctor-me-hearing-from-parents-about-foundational-relationships-and-the-role-of-the-health-care-system-in-promoting-early-relational-health/>



My Baby, My Doctor & Me: Hearing from Parents about Foundational Relationships and the Role of the Health Care System in Promoting Early Relational Health

October 2020

This exploratory study focused specifically on exploring parent perspectives on foundational early relationships, and the potential for the family and child health care system to play a supportive role, by working with three groups of families: (1) [African American mothers living in inner Northeast Portland](#); (2) [Spanish-speaking Latinx mothers living in rural Oregon](#); and (3) [White mothers living in an isolated rural community in Southern Oregon](#).

<https://cssp.org/resource/my-baby-my-doctor-me-hearing-from-parents-about-foundational-relationships-and-the-role-of-the-health-care-system-in-promoting-early-relational-health/>



Discussants



Molly Day
Director, Early Learning
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Dipesh Navsaria, MPH MD
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Medical Director, ROR WI