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Method of presentation: oral presentation

Abstract title: The Well Baby Plus Program: Promoting Resilience in American At-Risk Families

Background: Well child pediatric care is a useful platform for promoting resilience in families impacted by socio-economic disparities. Our objective with this study was to investigate the impact of enhanced pediatric health care on health care utilization, child health status and parental competence. Our enhancements included providing anticipatory guidance in a group session and linking our at-risk families with home visitors at birth using the Parents-As-Teachers model. Physical exams and immunizations were still provided individually.

Method: 102 US Medicaid-insured infants in Beaufort, South Carolina were matched into 51 pairs based on community demographics, child age, maternal age and marital status, and family stress. Intervention families received group well child care and home visitation. Comparison families received standard individual well child services. Medical records and questionnaire responses provided data for outcome analysis.

Results: Compared to non-intervention children (IWCC), more intervention children (GWCC) attended all preventive visits (65% vs. 37%;  $P < .01$ ) and were fully immunized (98% vs. 82%;  $P = .01$ ). They trended toward lower ED use (76% vs. 61%;  $P = .10$ ). Compared to IWCC parents, more GWCC parents remembered anticipatory guidance information on safety (65% vs. 41%;  $P < .01$ ). They were more likely to recall learning about behavior (69% vs. 31%;  $P < .001$ ), to trend toward practicing recommended disciplinary techniques (59% vs. 42%;  $P = .10$ ), and to consider that well-child visits helped them become better parents (94% vs. 76%;  $P < .05$ ). Children in the intervention group (GWCC) were less likely to be overweight than those in the individual well child group (IWCC) 8% vs 24%;  $P = .03$  at 15 months of age.

Discussion: Substantial effects on child health and parenting competence in a poor Medicaid population can be achieved by linking group well-child visits with home visitation. The overall positive direction of these results argues in support of the benefits found in previous studies of comprehensive interdisciplinary approaches to pediatric preventive care. However, the group format sessions were difficult to maintain, perhaps because of a lack of physician training. To date the co-location and link between both private and pediatric offices and home visitors has been replicated in 11 other sites in the state of South Carolina.

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