



My Baby, My Doctor & Me:

Hearing from Parents about Foundational Relationships and the Role of the Health Care System to Promote Early Relational Health

Family Voice in Early Relational Health Pilot Study

In the fall of 2019, a small group of stakeholders in Oregon, including funders, child and family health care system staff, and researchers committed to listening carefully to family perspectives on foundational early relationships and the potential for the child health care system to play a supportive role. With generous support from the Ford Family Foundation, Early Learning Multnomah, Health Share of Oregon, Northwest Health Foundation and Perigee Fund, Beth Green, Director of Early Childhood & Family Support Research at Portland State University (PSU), Portland State University led a pilot study focused on exploring these questions 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. Using an explicitly exploratory approach, the project was designed to generate questions and identify areas in need of further research and learning that will be important to advancing the ongoing dialogue about family voice, equity, and the concept of early relational health (ERH). The PSU research team contracted with three community Research Liaisons with strong existing relationships with the identified groups of parents to engage and facilitate input from three teams of three to four Parent Research Consultants (PRCs).

Collecting Information From Parents

With ongoing feedback and guidance from the PRCs, the research team conducted three focus groups (one within each priority community) with a total of 20 mothers of young children (mothers had between 0-4 children, ranging in age from 7 months to 17 years old). PRCs helped to engage and invite other parents to these focus groups, and a number of PRCs also participated. During focus groups, parents were asked to talk about the following topics:

- What early parent-infant relationships mean to them, and how positive relationships can be established.
- Where parents go for support for themselves and their babies.
- Their experiences with, and feelings about, the role of health care providers in supporting their early foundational relationships.
- Their ideas and recommendations for how health care providers could best support families in developing strong relationships.

What We Heard From Parents

Below are some of the key ideas heard from parents across the three focus groups. While these shared themes are important themselves, it is also the case that more work is needed to understand the subtle (and not-so-subtle) differences in what parents have experienced and what they want most.

- **Parents value strong relationships with their children** and spoke eloquently about how they establish these and why they are important. Families also see infant well-being in very holistic terms, incorporating physical and emotional aspects.
- **Emotional support for parents is extremely important, and families tend to find this with trusted friends and family members**, yet when these informal networks are absent, mothers shared a common experience of struggling to find needed support.
- **Parents continue to experience racism, classism, and judgement in their relationships with medical providers and frequently spoke of not “being heard.”**
- **Parents do not feel that medical providers view their child, or their family, holistically**, rather providers are often rushed and overly focused on specific physical health questions.
- Because of these factors as well as the longstanding history of systemic racism within the medical profession, **there is considerable distrust of the medical community**, especially among African American and rural parents:
- **When directly asked about the role of medical providers in supporting early foundational relationships, there was some notable skepticism.** At the same time, however, there were some positive examples of providers whose practices reflected more emphasis on and understanding of these relationships, and a number of parents expressed a desire or hope that their child and family health care providers could be more supportive.

What Questions Does This Raise for ERH?

A key purpose of this study was to raise questions that need to be addressed in order to inform the ongoing dialogue related to the role of the child and family health care system in support of early foundational relationships. Below are a number of questions that the team considered to be important for moving forward:

- What is the “right role” for medical professionals in supporting early relationships?
- Are there other roles within a team-based child health care model that are more appropriate for providing relationship supports than the primary care provider, such as developmental specialists, social workers, community health workers, etc.?
- What needs to happen to create more opportunity for strengthening provider-parent relationships, especially in a context of historical racism and distrust?

- What are the important cultural and historical differences that are important to understand in exploring the role of the medical community in supporting foundational relationships?
 - African American mothers raised real concerns with how they experienced racism in the health care system.
 - Latinx mothers seemed to be more receptive and open to help from their medical providers, although they also shared negative experiences. They were also more likely to talk about the importance of physical health, even in terms of the child health system's role as building connections.
 - Rural mothers emphasized strained relationships with medical providers, geographic isolation, and the need for more connection to peers and informational supports.

Where Do We Go From Here?

In order for innovators and leaders to advance early relational health, within family and child health system transformation, additional family voice engagement and feedback will be critical to build trust, cultural sensitivity, and meaningful partnerships in support of family experiences. This pilot study brings many important insights to that journey, and the voices of these parents elevated the need for medical providers and the family and child health care system to change how they work with families and to co-create that future. Parents made several specific recommendations for changes in the family and child health care system that would help build better trust and support toward this vision:

- Training and supporting the child and family health care workforce to value and respect the rich culture and experiences of all parents, especially their strengths, resiliency, and their intimate knowledge of their child's needs and experiences;
- Creating structural and professional practice change that values the time, capacity, and empathic skills within the provider-family clinic visits that are holistic and culturally sensitive and can better support respectful relationships and trust building with families;
- Improving clinicians' ability to listen, and be responsive to parents' concerns and questions, and approach parents' questions with an attitude of partnership, curiosity, and wondering, rather than from a position of expertise;
- Seeking and using authentic feedback from clients/patients about their experiences in the clinic for ongoing processes of improvement and partnering with families.

Building a more culturally and linguistically diverse future workforce, and one which includes more providers who share the lived experiences of a more diverse group of families, will be a critical long-term strategy for more effectively supporting families who have been historically marginalized. In addition, intentional local and regional systems change will be necessary to support and facilitate the overall more trusted foundational relationships between parents and providers before the child health care system can hope to more effectively support parents themselves in their shared goal of advancing early relational health.