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Reducing Child Maltreatment Through Prevention

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This is to certify that the doctoral study by

Chantel Marie Eckert

has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MSN, Duquesne University, 2010

BSN, Roberts Wesleyan College, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Child maltreatment is a public health problem directly linked to poor outcomes across the lifespan, including chronic health conditions and even death. The local population served by the agency in which the project took place experienced an increase in reports of child maltreatment. Agency leadership identified deficiencies in parental knowledge about positive parenting practices as a contributing factor to the problem. To address the problem, the agency implemented a quality improvement evidence-based home visiting pilot initiative. The evaluation of that initiative was the purpose of this project. Bandura's social cognitive learning theory provided the theoretical framework for the project, and the logic model was used to facilitate the practice change in the facility. Evaluation was based on data extracted from the Family Support Program Outcome Survey (FSPOS) tool completed by all 22 program participants. Comprising 7 questions, the FSPOS was a validated and reliable tool and was used to assess the increase in participants' parental knowledge related to positive parenting practices before and after participation in the home visiting program. Survey results revealed that participation in the initiative increased participant knowledge. Using a 7-point Likert scale in which higher scores indicated higher levels of positive parenting practices, participant scores increased from $M = 4.71$ before participation to $M = 6.60$ after enrollment. The results reinforce the significance of the nursing profession in health promotion and disease prevention in communities. Findings of this project have the potential to promote positive social change by decreasing child maltreatment, which may reduce cost of care and improve quality of life across the lifespan.

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Dedication

This project is dedicated to my son, Tyler James Douglas Eckert. It is you who motivates me to always be the best possible version of myself. I am forever grateful to hold the title of mother, and soon, grandmother. My hope is that you find parenting equally as rewarding as I do and when the role challenges you, you take time for reflection. I wish you the strength and resilience to face challenges with confidence, along with the wisdom to choose your battles cautiously. I wish you adventure on your journey and may you always stop to help someone along the way, listen to your heart and take risks carefully. Most importantly, always love yourself and know how much you are truly loved.

Acknowledgments

I would like to thank Dr. Trinity Ingram Jones, Dr. Amy Wilson, Dr. Janice Long and all the Walden staff; this accomplishment would not have been possible without your support. To my dear friend Dr. Christine Harrington, many thanks for helping me navigate through one of the most difficult journeys of my life, personally and professionally. I would like to thank my family, friends and coworkers for enduring the ups and downs of this adventure, for cheering me on, and for providing me with therapy along the way. Gratitude to my parents, who raised me to always believe in myself and know that I could do whatever I set my mind to. And to Rick, my love, for supporting me in every way and helping me stay grounded through this process.

To those who have tested me along the way, I thank you for helping me become the person that I am today. Earning this doctoral degree would not have been possible without each and every one of you, and for that I am extremely grateful. I am committed to representing the nursing profession positively through my work as a Doctor of Nursing Practice, always striving to create positive social change for a healthier future for all.

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Section 1: Nature of the Project

Introduction

Child abuse and neglect, collectively known as child maltreatment, is a public health problem in the United States (US) (Akehurst, 2015; Kramer et al., 2015; Levey et al., 2017). Significantly impacting the long-term physical and mental health of its survivors, child maltreatment is expensive to treat and has been linked to chronic illness across the lifespan, decreased life expectancy, lifelong mental health problems, risk for future victimization, and perpetration of abuse against the survivor's own offspring (Levey et al., 2017). The county served by the public health agency where the Doctor of Nursing Practice (DNP) project was completed has one of the highest rates of child maltreatment in the state (Kids Well Being Indicators Clearinghouse [KWIC], 2015). County and agency officials identified a lack of parental knowledge related to healthy parenting practices as the gap in practice largely contributing to this problem in the area.

In an effort to address the problem of child maltreatment through primary prevention, the agency recently implemented an evidence-based home visiting program focused on increasing competencies among parents through education. Based on the well-established healthy families model, the program has consistently demonstrated success in other areas of the state and across the nation; however, an evaluation of its effectiveness in addressing the identified problem and gap in practice among the target population is essential and the primary focus of the DNP scholarly project. The Family Support Program Outcome Survey (FSPOS), a validated and reliable tool used across the US to

evaluate the effectiveness of similar home visiting programs, was used to assess the impact of the program on parental knowledge related to positive parenting practices.

Various forms of child maltreatment account for several adverse childhood experiences (ACEs), which have been linked to chronic illness across the lifespan and premature death (Kalmakis & Chandler, 2015). Similar programs have demonstrated efficacy in sufficiently increasing parental knowledge related to healthy parenting practices and reducing the rate of child maltreatment, thereby demonstrating a reduction in ACEs, improving health outcomes, and creating positive social change (Levey et al., 2017). Program evaluation is essential to tailoring such a program to ensure these desired outcomes are achieved and adequately sustained (Durlak, 2015).

Problem Statement

Local Problem and Relevance

Between 2011 and 2015, there has been a steady increase in child maltreatment reports and investigations in the US, reflecting a national average of 8.94 incidences per 1,000 children (US Department of Health and Human Services [DHHS], 2017). Over the same 5 year span, the number of child maltreatment investigations in the state nearly doubled the national average, reflecting an incidence of 15.86 per 1,000 children (KWIC, 2015). Specifically, the incidence in the county served by the local agency is 4 times the national average at 33.94 incidences per 1,000 children (KWIC, 2015). In response to this data, county officials hired a consultant to identify risk factors specific to the population in an effort to formulate targeted prevention strategies. Consistent with long-standing national data, the consultant's analysis identified poverty, substance abuse, domestic

violence, parental history of abuse as a child, lack of an adequate support system, and poor parenting skills as the greatest risk factors for child maltreatment in the county.

Child maltreatment has been directly linked to risky health behaviors, chronic health conditions, low life potential, and early death (Afifi et al., 2016; Kalamakis & Chandler, 2015). In an effort to address the incidence of child maltreatment and reduce its long-term impact on overall health across the lifespan, the agency recently implemented as a pilot quality improvement (QI) project an evidence-based home visiting program focused on increasing competencies among parents through education. Communities across the country where similar programs have been implemented reported up to a 33% reduction in substantiated child neglect reports and a 77% reduction in substantiated physical abuse reports (Dumont et al., 2011; Green, Tarte, Sanders & Waller, 2016). Evaluation of such a program is imperative to ensure the project is meeting its goals and producing desired outcomes (Jacobs et al., 2016; Lobo, Petrich, & Burns, 2014). Further, evaluation is necessary to justify the programs need for funding and support, find opportunities for continuous quality improvement, and ensure effective program maintenance with appropriately used resources (Durlak, 2015; Lobo et al., 2014). Nursing evaluation of such public health programs adds significance to nursing practice by impacting health and creating positive social change by increasing quality of life and decreasing the cost of care across the lifespan. For these reasons, the focus of the DNP project was evaluation of the pilot project recently implemented in the local facility.

Significance to Nursing Practice

Child maltreatment has been directly linked to risk-taking behaviors, low life potential, chronic disease, and mental illness across the lifespan (Kalamakis & Chandler, 2015). The area served by the local agency where the DNP project was implemented has one of the highest rates of child maltreatment in the state; therefore, an evidence-based home visiting program focused on increasing parental competencies was recently implemented to address this problem. Evaluating the efficacy of that program, while employing the use of a robust project team, was the focus of the DNP project.

Public health nurses are in a unique position to promote health and prevent disease because of their frequent and close contact with children, families, and their communities (Lines, Hutton, & Grant, 2017). If successful, the QI initiative recently implemented in the local facility will have a lasting and positive impact on the long-term health of those at risk for child maltreatment, as well as the overall health of the communities served. Nurses play a valuable role in outcome assessment and program evaluation, and data analysis, synthesis of related concepts, and evaluation of care delivery models are foundational competencies required of all DNP-prepared nurses (American Association of Critical Care Nurses [AACN], 2006; Pritham & White, 2016). Insight gained from program evaluation not only contributes to the existing larger body of nursing knowledge, but also offers additional evidence to support evidence-based nursing practice. By taking an active role in evaluating health promotion and disease prevention initiatives, nurses contribute valid and reliable data, clearly demonstrating the

significant contribution the nursing profession makes toward quality patient outcomes (Girouard & Bailey, 2016).

Purpose

The incidence of child maltreatment among the population served by the local agency is four times the national average, one of the highest incidence rates in the state (KWIC, 2015). Noting a consistent rise between 2011 and 2015, agency officials, in partnership with a private consulting firm, conducted an analysis to identify factors contributing to this problem in the local area. Data from that analysis suggested poor parenting skills have significantly contributed to the high rate of child maltreatment in the local area, and organizational leaders concluded that a lack of parental knowledge related to healthy parenting practices was the gap in practice largely contributing to the problem.

Parental education is essential to reducing the incidence of child maltreatment (Chen & Chan, 2016). Programs focused on positive parenting practices have demonstrated efficacy in preventing child maltreatment by reducing risk factors and enhancing parental protective factors (Chen & Chan, 2016). These programs have also demonstrated a positive impact on family economic self-sufficiency, maternal health, birth outcomes, child health, and child development (Minkovitz, O'Neill, & Duggan, 2016). Home visiting programs focused on improving parental knowledge related to evidence-based positive parenting practices increase parental competencies and significantly reduce the number of substantiated child maltreatment reports (Dumont et al., 2011; Eckenrode et al., 2017; Green et al., 2016; McMillin et al., 2016; Minkovitz et al., 2016; Sama-Miller et al., 2017). These programs have demonstrated efficacy in

reducing and preventing the incidence of child maltreatment (Dumont et al., 2011; Michalopoulos, Faucetta, Warren, & Mitchell, 2017). In an effort to bridge the identified gap in practice, the local facility recently implemented such a program as a pilot QI initiative. The focus of the DNP project was evaluation of that pilot project and answering the following practice-focused question: Among populations with high rates of child maltreatment, does the implementation of an evidence-based home visiting program increase parental knowledge related to healthy parenting practices?

Project evaluation assesses the efficacy of interventions implemented to address clinical practice problems and identifies areas of needed improvement (Durlak, 2015; Lobo et al., 2014). Though similar programs have demonstrated success in other areas across the country and state, evaluation of the local program and its efficacy in addressing the problem among the targeted population is essential (Minkovitz et al., 2016). Program evaluation also provides data to justify continued funding and support, identify opportunities for continuous quality improvement, and provide accountability for resource use (Durlak, 2015; Lobo et al., 2014). To ensure a successful evaluation of the pilot program, the author utilized a project team consisting of the director of the local facility, supervisor of the home visiting program, and home visiting program staff. The DNP project evaluated the QI initiative to offer evidence of program success or lack thereof, as well as evidence to justify continued funding and organizational support.

Nature of the Doctoral Project

Largely focused on answering the clinical question, a review of the current scholarly literature is an essential first step when examining approaches to solving

clinical practice problems. For the purpose of the DNP project, the literature review yields useful information related to the significance and history of child maltreatment, as well as evidence-based approaches to prevention, intervention, and evaluation of these efforts. Theoretical concepts and practice change models to support the project were also explored.

Derived from the clinical question, search terms and Boolean phrases were used to guide a literature search of appropriate databases for current, primary, peer-reviewed sources, systematic reviews, and clinical practice guidelines published within the last 5 years to support the project. EBSCOHost, Cumulative Index to Nursing and Allied Health Literature (CINAHL), National Guideline Clearinghouse, Cochrane Library, and Ovid were the most appropriate databases to search for scholarly literature related to the selected topic. Data to support the project was obtained from websites of professional organizations including the Centers for Disease Control and Prevention (CDC), KWIC, and DHHS. Personal communications with key stakeholders, including leadership in the agency where the project was implemented and agencies where the program has previously been implemented, were used to support the project. To facilitate adequate assessment of the evidence retrieved from the literature review, articles were organized into a matrix which included a full citation and key points taken from each article. The AACN evidence-based rating system was used to categorize and evaluate the strengths and relevance of the evidence.

The purpose of the DNP project was to evaluate an existing QI pilot project in the local facility where a home visiting program was recently implemented to address the

increased number of child maltreatment cases in the local community by increasing parental knowledge related to healthy parenting practices. Similar programs across the country have demonstrated success in reducing the number of substantiated cases of child maltreatment; however, an evaluation of the pilot program implemented in the local facility was necessary to determine its effectiveness in improving parental knowledge. The FSPOS survey tool is used to evaluate community-based child abuse prevention programs across the country and evaluate the QI project recently implemented in the local facility. Created by an evaluation task force to capture outcome data across family support programs, the FSPOS was drafted, field tested, updated, and presented as a valid and reliable tool for examining program outcomes, including parental knowledge related to healthy parenting practices. Using the Likert scale with ratings from one to seven, with one signifying the participant strongly disagrees and seven signifying the participant strongly agrees, the FSPOS measures the participant's level of agreement with statements related to parenting practices (FRIENDS, 2004). The survey is completed by the parent prior to and upon completion of the program, allowing for accurate assessment of changes in knowledge level post-participation (FRIENDS, 2004). For the purpose of the DNP project, program participants were surveyed once they had been active in the program for at least three months, had a minimum of six home visits, and a change in attitude was noted. A change in parental attitude was defined as any change noted by the home visitor that is different than baseline. Data collected from the tool are entered in the FRIENDS Microsoft Access database by the program supervisor. For the purpose of the DNP project, the program supervisor extracted only raw deidentified data from the

FRIENDS Microsoft Access database and provided that data to the author in the form of a report. These data were used to determine if the program was effective in improving parental knowledge related to positive parenting practices.

Significance

Project stakeholders include program staff, program participants (children and parents), the local facility, Department of Social Services (DSS), third party payers, and the community at large. Addressing the recent increase in substantiated child maltreatment cases in the local area will have a positive impact on all project stakeholders. Program participants will recognize the value of parenting skills and knowledge and its positive impact on the health and development of their children. They will also benefit from an improvement in overall life course, as similar programs have demonstrated a positive impact on parental housing stability, educational attainment, and job training, suggesting long-term economic benefits associated with participation in such programs (Easterbrooks et al., 2017). These positive outcomes will ultimately reduce caseloads and empower program and DSS staff, which are linked to preventing and alleviating burnout (Dmytryshyn, Jack, Ballantyne, Wahoush, & MacMillan, 2015; Girouard & Bailey, 2017; Green et al., 2016). Objectives of the program are consistent with the mission of the local facility, and successful implementation will demonstrate accomplishment of that mission by reducing the incidence of child maltreatment and demonstrating an improvement of health in the area served by the local public health facility. Reducing the incidence of child maltreatment will also decrease the overall cost associated with treating its negative impact on health across the lifespan, thereby

decreasing the total cost of care and financial burden to families and the community at large, and third-party payers will reap the financial benefits of healthier beneficiaries.

The project will improve patient and family outcomes, demonstrating the important role nurses play in the implementation of programs that improve health and create sustainable change. Creating positive outcomes through the use of evidence-based practice is empowering and supports the DNP in the use of evidence to solve clinical practice problems and promote positive social change. Project findings will contribute to the larger body of nursing literature, offering insights regarding the benefits of identifying and implementing evidence-based best practices and contributing to the existing body of evidence supporting improved child health through parental education. In addition to offering evidence that will be useful for application to similar practice areas such as maternal child health programs and programs that target child abuse prevention, the project also supports Walden University's mission and vision to develop scholar practitioners and promote positive social change.

Summary

Largely attributed to a lack of parental knowledge related to positive parenting practices, the rate of child maltreatment in the area served by the local facility is one of the highest in the state. To address this gap in practice, the local facility recently implemented an evidence-based home visiting program as a QI initiative. The DNP project focused on the evaluation of that initiative and its effectiveness in improving parental knowledge related to positive parenting practices by administering during post-participation a previously validated survey tool to parents. Nursing evaluation of such

programs adds to the existing body of nursing knowledge supporting use of evidence-based nursing practice, provides opportunities for nurses to create positive outcomes, and empowers other nurses to explore and solve clinical practice problems, thereby improving quality of life, decreasing the cost of care across the lifespan, and promoting positive social change.

To fully understand the DNP project, as well as its significance and potential implications, one must understand the background and context of the clinical practice problem, as well as strategies previously used to address the problem. This is explored in Section 2 of this project, along with the project's scientific and theoretical underpinnings, relevance to nursing practice, and role of this author in the process. Concepts related to the topic as well as the selected theoretical framework and practice change model are discussed.

Section 2: Background and Context

Introduction

Between 2011 and 2015, the number of child maltreatment investigations in the state nearly doubled the national average, reflecting a rate of 15.86 incidences per 1,000 children (KWIC, 2015). An expert consultant to the local facility identified potential causes and risk factors for child maltreatment in the local area, including poverty, substance abuse, domestic violence, parental history of victimization as a child, lack of an adequate support system, and poor parenting skills. Largely attributed to these risk factors, the increased incidence of child maltreatment has been linked to a lack of parental knowledge related to positive parenting practices. To address this knowledge deficit, the facility recently implemented an evidence-based home visiting program as a QI initiative. The purpose of the DNP project was to evaluate that initiative and its effectiveness in improving parental knowledge related to positive parenting practices, and answer the following practice-focused question: Among populations with high rates of child maltreatment, does the implementation of an evidence-based home visiting program increase parental knowledge related to healthy parenting practices?

The background and context of the clinical practice problem the DNP project addresses, as well as its relevance to nursing practice, are explored in this section. Previous efforts to address the gap in practice contributing to the clinical problem are also discussed. Related concepts, models, and theories that provide a framework for the DNP project are explored in this section, and the role of the author in the project process is discussed.

Concepts, Models, and Theories

Bandura's Social Cognitive Learning Theory (SCLT)

An interdisciplinary theory derived from the behavioral sciences, Albert Bandura's social cognitive learning theory (SCLT) links concepts of nursing, healthcare, and research into one. The SCLT is based on the premise that social influence, experiences, and environment impact the learning process (McEwen & Wills, 2014). Related concepts include self-efficacy, observational learning, and facilitation (McEwen & Wills, 2014). SCLT focuses on the importance of learning how individuals acclimate to their environment, learn from their experiences, and cope with the outcomes associated with those experiences (McEwen & Wills, 2014). Bandura believed that cognitive processes, based on previous experiences, are primarily responsible for how behaviors are acquired and regulated, and it is these processes that determine how prior experiences are perceived, whether they will be remembered, and how they may impact future action (McEwen & Wills, 2014).

The SCLT was used to implement the pilot project in the local facility, and consideration of related concepts and principles is imperative to the program's evaluation, which is the primary focus of the DNP project. The program uses techniques known to positively influence parental behavior to improve parenting skills; therefore, the SCLT concept of social influences is built into the program's model and curriculum as a method of positively altering behavior. According to the SCLT, experiences can impact the learning process. The home visiting model and curriculum include working with parents to help them reflect on their experiences using a strength-based approach to

highlight and build on protective factors gained from past experiences, and it is these protective factors that help individuals positively cope with the outcomes of their experiences. Throughout the program, parents are encouraged, through the use of reflective strategies, to dig deeper into their experiences. The reflective process helps parents gain a greater understanding of positive parenting behaviors, ultimately leading to improved knowledge and confidence in parenting ability and parenting skills (GGK, 2017; Watson et al., 2016). Consistent with the SCLT notion that the environment in which one exists plays an important role in an individual's ability to learn and grow, the participant's environment is used as a tool to improve outcomes. The model for home visiting posits that environment is a critical factor in the learning process for parents (GGK, 2017; Green et al., 2016). As such, the program model gives consideration to the location of home visits to ensure visits are conducted in a safe and secure environment, which facilitates the learning process (GGK, 2017). Self-efficacy is another concept that is foundational to both the theory and the model for home visiting programs . A key focus of the home visiting program is to promote parents' belief in their ability to successfully perform positive parenting behaviors and achieve their goals (Minkovitz et al., 2016). Promoting self-sufficiency is inherent in the model of the program, and activities are directly linked to achieving that goal (Minkovitz et al., 2016). Another concept of the SCLT, observational learning, is part of the program's model and is demonstrated through the continual use of the parallel process, which is the process by which the home visitor facilitates parental behavior change by modeling the desired behavior (GGK, 2017; Green et al., 2016; LeCroy & Davis, 2017; McEwen & Wills, 2014). The parallel

process involves responding in a way that models the positive behavior and reflects the change desired, offering opportunity for changing perception (GGK, 2017). By impacting the manner in which previous experiences are perceived by parents, positive behavior change can be facilitated (GGK, 2017; McEwen & Wills, 2014). Using concepts integral to Bandura's SCLT, the home visiting program can impact parental knowledge to improve positive parenting practices. The purpose of the DNP project was to evaluate the pilot project's efficacy in meeting that objective.

Logic Model for Conceptualizing Change

Grounded in change theory, logic models have been used in social work and other disciplines to demonstrate program characteristics and the flow of activities that facilitate change. These models effectively demonstrate the pathway or mechanism by which a program or intervention is expected to achieve its goals by making clear connections between its individual components. Providing a roadmap for evaluation, logic models outline the project plan, including its resources, activities, and expected outcomes (Chyung, 2015). This roadmap can then be used to determine if the planned activities were carried out and the program objectives have been met (Kekahio et al., 2014; Lobo et al., 2014; Peyton & Scicchitano, 2017).

Improving parental knowledge of positive parenting practices and decreasing child maltreatment are the main goals identified by the pilot project's logic model. The main components of the logic model include resources, objectives, and outcomes. Community and legislative support, agreements for collaborative referrals, grants, and availability of trained staff are identified as resources for the pilot project. Objectives of

the program included in the model are monthly project team meetings, staff training, prescreening pregnant and new parents, assessment of 20 positive prescreens quarterly, enrollment of 10 to 15 new participant families quarterly, and maintaining enrollment and retention. A dual functioning advisory group, clear level system for service delivery intensity, single point of entry for all families into the service, quarterly data assessment to identify areas for improvement, and weekly intense supervision of staff are listed as part of the logic model for the pilot project as methods to achieve these objectives. Short-term, midrange, and long-term outcomes are also outlined. Increased compliance with prenatal care, improved immunization rates, reduction in harmful parenting practices, enhanced family self-sufficiency, increased age-appropriate play and increased parental knowledge and competencies related to healthy parenting practices are intended short-term outcomes. Midrange outcomes include the following: 75% of enrollment during prenatal period, 90% of children enrolled who are up to date with recommended vaccines, 50% reduction in subsequent CPS reports, 30% of parents willing to advance their level of education, and 90% of parents willing to demonstrate appropriate play with their children during at least 75% of home visits. Fewer incidents of maltreatment, decreased dependence on public assistance, reduced number of emergency room visits, improved family dynamics, enhanced school readiness, and increased health outcomes are projected long-term outcomes.

Logic models provide a framework for conceptualizing change by visually connecting the program's resources, objectives, and outcomes (Kekahio et al., 2014). The ability to visualize the elements of the program and how each of these elements work to

achieve the goals of the project effectively demonstrates how goals will be reached, how progress will be tracked, and how its effectiveness in achieving desired outcomes will be evaluated (Kekahio et al., 2014). For the DNP project, the logic model provides a detailed visual representation of program planning and activities, as well as its expected outcomes (Lobo et al., 2014). Its generalizability and ease of use make the logic model a practical tool for use in the DNP project (Lobo et al., 2014).

Relevance to Nursing Practice

Linked to increased morbidity and mortality, child maltreatment impacts quality of life, increases the cost of health care across the lifespan, and increases the risk of future victimization and perpetration of abuse (Kalmakis & Chandler, 2015; Levey et al., 2017). Primarily attributed to poor parental knowledge related to positive parenting practices, child maltreatment is a public health problem that requires intervention (Akehurst, 2015; Kalmakis & Chandler, 2015; Kramer et al., 2015; Levey et al., 2017). Methods used to effectively address the issue of child maltreatment are well documented in the literature. In a recent systematic review, Admon-Livny and Katz (2018) identified various evidence-based programs aimed at preventing child maltreatment, including those focused on improving health awareness, violence among youth, bullying in schools, adolescent substance use, and teen pregnancy. Offered in 9 weekly, two-hour group sessions, the Adults and Children Together (ACT) Raising Safe Kids, is a violence prevention program focused on providing education to parents on topics such as child development, positive discipline and the roots and consequences of violence (Admon-Livny & Katz, 2018). The ACT program is easily integrated into other programs and has

demonstrated success in reducing problematic parenting behaviors and increasing positive parenting behaviors (Admon-Livny & Katz, 2018; Damashek, Morgan, Corlis, & Richardson, 2018). Selectively designed for low-income families with children ages 3 to 9, the Child-Parent Center program has demonstrated efficacy in decreasing the incidence of child maltreatment and improving academic success through its emphasis on family involvement in the school setting (Admon-Livny & Katz, 2018). The Safe Environment for Every Kid (SEEK) child maltreatment prevention program assesses for and addresses major risk factors in the pediatric primary care setting, and it has demonstrated efficacy in reducing child maltreatment reports involving infants and children from birth to age 5 (Damashek et al., 2018). Utilizing support strategies for improving access to effective parenting approaches, consultations, and seminars for caregivers, the Positive Parenting, or "Triple P," Program, has successfully reduced the incidence of child maltreatment (Admon-Livny & Katz, 2018; Damashek et al., 2018). Led by school psychologists, the Safe Child Program (SCP) enhances personal safety and reduces the risk of child maltreatment by teaching children ages 3 through 9 basic life skills in 10 sessions (Damashek et al., 2018).

Each of the programs presented here have demonstrated success in reducing the incidence of maltreatment; however, the current literature suggests a public health approach to prevention is essential to creating lasting, sustainable change (Admon-Livny & Katz, 2018; Damashek et al., 2018; Michalopoulos et al., 2017). Home visiting programs that focus on disrupting the cycle of violence during the prenatal period and early childhood have demonstrated efficacy in preventing child maltreatment and are

highly recommended (Michalopoulos et al., 2017). Research on such programs is supported by the DHHS through funding of the Home Visiting Evidence of Effectiveness (HomVee) project (Sama-Miller et al., 2017). The HomVee project assesses home visiting programs focused on families with pregnant women and children from birth up to age 5 (Sama-Miller et al., 2017). Parents as Teachers, the Nurse Family Partnership, and the healthy families model are home visiting programs that have been the subject of extensive research and evaluation by the DHHS through the HomVee project and further supported through the Maternal Infant Early Childhood Home Visiting (MIECHV) program (Michalopoulos et al., 2017). The MIECHV program supports families by funding evidence-based programs that meet the DHHS criteria for evidence of effectiveness (Michalopoulos et al., 2017). These programs have demonstrated positive outcomes, including the prevention of child maltreatment, premature birth, low birth weight, and infant death (Michalopoulos et al., 2017).

Grounded in extensive research, the healthy families model has demonstrated efficacy in reducing child maltreatment and improving overall quality of life for children and their families (Michalopoulos et al., 2017). The model presents a unique opportunity to go beyond preventing the maltreatment of children by focusing on several areas for improving overall quality of life for families and the community (Michalopoulos et al., 2017). Promoting positive parent-child bonding and relationships, optimal child and family health, development, and safety, and enhancing self-sufficiency, are major focal points of the model and add strength to its selection for use in the target population (Michalopoulos, 2017). For these reasons, the evidence-based, home visiting program

based on the well-established healthy families model is an acceptable choice for improving parental knowledge of positive parenting practices and preventing child maltreatment.

To address the high rate of child maltreatment, the local facility recently implemented an evidence-based, home visiting program focused on improving parental knowledge of positive parenting practices. Focused on creating social change by decreasing health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs, to improve quality of life for individuals and the community, the program will positively impact child health and wellbeing by disrupting the cycle of violence (Kalmakis & Chandler, 2015). Programs focused on preventing and reducing the long-term impact of child maltreatment and other ACEs must be evaluated to improve outcomes (Green et al., 2016; Minkovitz et al., 2016). Nursing evaluation of such programs adds credibility to the work of the profession and facilitates the translation of research into practice (Girouard & Bailey, 2017; Lobo et al., 2014; Pritham & White, 2016). To address the identified gap in practice, the DNP project focused on evaluating the QI initiative recently implemented in the local facility.

Local Background and Context

Child maltreatment is defined by the Child Abuse Prevention and Treatment Act (CAPTA) as:

> Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act

> or failure to act, which presents an imminent risk of serious harm. (DHHS, 2017, p.viii)

Over the past 5 years, there has been a steady increase in child maltreatment reports across the U.S., and the incidence in the county served by the agency has increased to 4 times the national average (DHHS, 2017; KWIC, 2015). Because child maltreatment is recognized as a severe problem in the county, officials hired a consultant to identify risk factors specific to the population to formulate targeted prevention strategies. Consistent with long-standing national data, the consultant's analysis identified poverty, substance abuse, domestic violence, parental history of abuse as a child, lack of an adequate support system, and poor parenting skills as the major risk factors for child maltreatment in the county (Akehurst, 2015; Buki, 2015; Doidge et al., 2017).

Part of a larger government organization, the local facility is located in a rural area and serves over 122,000 residents (Buki, 2015). The organization promotes optimal quality of life, health, and wellness for residents of the community through the provision of comprehensive, cost-effective care. Excellence and quality are considered foremost and are part of the mission and vision of the agency. Higher rates of child maltreatment indicate poor quality of life and health, are associated with increasing healthcare costs, and suggests a bleak outlook for the future of the community (Buki, 2015; Kalmakis & Chandler, 2015). Agency leadership, local officials, consultants, and other stakeholders identified child maltreatment as a priority problem and one that conflicts with the agency's mission and vision of promoting optimal quality of life.

Utilizing the healthy families model, the agency recently implemented an evidence-based, QI pilot program to address the problem through prevention. This model is based on the premise that the risk for child maltreatment decreases when parents understand appropriate child development, how to provide a safe home environment, how to facilitate the development of healthy relationships, how to build strong attachments with their children, and select and access appropriate support services (McMillin et al., 2016). To ensure the program is effective in meeting its intended goals in the local facility, program evaluation is imperative and was the focus of the DNP project (Lobo et al., 2014). Evaluation of the QI pilot project answers the following clinical question: Among populations with high rates of child maltreatment, does the implementation of an evidence-based home visiting program increase parental knowledge related to healthy parenting practices?

Role of the DNP Student

A home visiting program was recently implemented in the local facility as a pilot QI project in an effort to reduce the incidence of child maltreatment in the local community. Evaluation of that pilot project was the focus of the DNP project. The author is a graduate-prepared registered nurse currently serving as a supervising public health nurse (SPHN) in the local facility where the DNP project was implemented. In that role, she is responsible for maintaining policies and procedures, writing grants, budgeting, collaborating with community and state partners, and presenting organizational data to support programs. She is a resident of the county where the QI project was implemented,

and also serves on multiple community committees focused on improving the health and wellbeing of local residents and delivery of programs in the community.

As a graduate-prepared nurse leader in the local facility and community, the author has a unique opportunity to affect change. She is committed to the facility's mission of promoting a healthy population and is motivated to translate the best available evidence into practice to solve clinical practice problems that may impact the facility's ability to meet that mission. The authors experiences in the DNP program have helped her develop an advanced level of clinical judgment, systems thinking, and accountability for translating and disseminating evidence to improve health outcomes. This accountability, along with her role in the facility and community, are motivators to conduct the best possible evaluation of the new program to facilitate high-quality outcomes data. There may be an inherent bias to assume the project will result in a resolution of the identified clinical practice problem, which would also support continuation of the program in the county and facility. Analyzing only the auto-generated data from previously collected surveys provided to the author by program personnel will reduce the potential for biased outcomes and will facilitate a fair and accurate evaluation of the pilot project.

Role of the Project Team

The DNP project focused on the evaluation of the pilot QI program recently implemented in the local facility to address the increased incidence of child maltreatment in the local community. This evaluation concentrated on the pilot programs effectiveness in improving parental knowledge related to positive parenting practices among the target

population. Members of the project team included the director of the local facility, the supervisor of the home visiting program, and the home visiting program staff. The DNP candidate joined the project team as the project manager after receiving final proposal approval from the DNP project committee and the Walden University IRB.

Under the supervision of the home visiting program supervisor, program staff have been trained to administer the previously validated evaluation tool to participants. Information provided on those tools by program participants are entered into the agency's centralized program database by program staff. Raw, de-identified data was auto-generated and extracted from that database by the program supervisor and provided to the author in an Excel spread sheet populated with that data. The author then compared pre- and post-participation responses to assess the impact of participation on parental knowledge, specifically as it relates to positive parenting practices. Program evaluation results were presented by the author to the project team during a meeting held within 30 days of completing the evaluation process. Each member of the project team was provided with a copy of the charts and graphs compiled during the review process along with a summary of findings two weeks before the meeting. Project team members had one week to provide feedback. Once feedback was received, it was incorporated into a Power Point presentation with project findings, feedback, and recommendations and distributed to each of the team members and presented at the meeting.

Summary

The county served by the local facility has one of the highest incidences of child maltreatment in the state (KWIC, 2015). A parental knowledge deficit related to positive

parenting practices has been linked to the county's increased incidence of child maltreatment. Utilizing Bandura's SCLT and the logic model, the local facility recently piloted an evidence-based home visiting program as a QI project to address the identified gap in practice in an attempt to solve the identified clinical practice problem. The purpose of the DNP project was to evaluate the pilot project to determine if it successfully increased parental knowledge related to positive parenting practices in the target population. To make that determination, auto-generated, deidentified, retrospective data extracted from surveys assessing program participant's self-reported before and after knowledge once enrolled in the program were analyzed for comparison. Data provided to the author by the program supervisor was compiled into charts and graphs for evaluation and presentation. In Section 3 of this proposal, evidence collection and data analysis methods that were utilized to evaluate the initiative for the purpose of the DNP project are discussed. The connection between the clinical practice problem, gap in practice, and practice focused question is also explored.

Section 3: Collection and Analysis of Evidence

Introduction

The incidence of child maltreatment in the population served by the local facility is four times the national average (KWIC, 2015). ACEs such as child maltreatment have been linked to multiple health and social problems that lead to increased morbidity and mortality, increased healthcare costs, and overall poor quality of life (Girouard & Bailey, 2016). The increased incidence of child maltreatment in the local community has been attributed to a lack of parental knowledge related to healthy parenting practices. To address the increased incidence of child maltreatment in the local community, using Bandura's SCLT and the logic model, the agency recently implemented an evidence-based home visiting program focused on increasing competencies among parents through education as a QI pilot project. Program evaluation is essential to ensuring objectives and intended outcomes are achieved. The purpose of the DNP project was to evaluate the QI initiative's impact on parental knowledge related to positive parenting practices in the target population.

This section will concentrate on collection and analysis of evidence used to evaluate the QI pilot program and answer the practice-focused question. The link between the local problem, gap in practice, and practice-focused question is discussed. Sources of evidence used to address the practice-focused question are examined and operational definitions related to key aspects of the DNP project are clarified. Methods for data collection, analysis, and procedures for protecting data and its integrity are also explored in this section.

Practice-Focused Question

Nationally, between 2011 and 2015 the incidence of child maltreatment has steadily increased from 8.8 to 9.2 per 1,000 children (DHHS, 2017; KWIC, 2015). The community primarily served by the local facility is one of the highest incidences in the state at 39.5 in 2015, an increase from 36 per 1,000 children in 2011 (DHHS, 2017; KWIC, 2015). ACEs such as child maltreatment significantly impact quality of life and the cost of healthcare (Girouard & Bailey, 2016). Poverty, substance abuse, domestic violence, parental history of abuse as a child, lack of an adequate support system, and poor parenting skills are the most significant risk factors for child maltreatment in the local area (Akehurst, 2015; Doidge et al., 2017). Based on this analysis, local officials concluded a lack of parental knowledge related to positive parenting practices was the gap in practice largely contributing to the high incidence of child maltreatment in the community and determined parental education related to positive parenting practices was essential to addressing the clinical practice problem. In order to bridge that gap in practice, the local facility recently implemented an evidence-based home visiting program as a QI pilot project, thereby prompting the following practice-focused question: Among populations with high rates of child maltreatment, does the implementation of an evidence-based home visiting program increase parental knowledge related to positive parenting practices?

Evaluating QI initiatives in the local setting among the target population is essential to ensure the intended outcomes are achieved. The purpose of the DNP project was to evaluate the QI pilot program recently implemented in the local facility and

answer the clinical question. For the purpose of the DNP project, the terms healthy and positive are used interchangeably to represent parenting practices that lead to improved outcomes.

Sources of Evidence

Based on the premise that correcting the knowledge deficit will reduce the incidence of child maltreatment in the local community, the main objective of the evidence-based QI initiative recently implemented in the local facility is to increase parental knowledge related to positive parenting practices. The purpose of the DNP project was to evaluate whether the initiative met that objective. A thorough review of the literature was the first step in the data collection process and provided insight into the history and significance of child maltreatment, interventions and principles for prevention, and evidence-based methods used to adequately evaluate the project. Using the survey guidelines identified in that search, data extracted from participant surveys were analyzed to determine the impact of the initiative on parental knowledge related to positive parenting practices.

The practice-focused question guided the rigorous in-depth review of the scholarly literature to support and guide the DNP project. Key terms and Boolean phrases were used to search appropriate databases for current and primary peer-reviewed sources, systematic reviews, and clinical practice guidelines published within the past 5 years. Databases for the project included EBSCOHost, CINAHL, National Guideline Clearinghouse, Cochrane Library, and Ovid. Additional statistical data were obtained from official websites of professional organizations, including the CDC, KWIC, and

DHHS. Personal communications with key stakeholders, including leadership in the local facility as well as agencies where the program has previously been implemented were used to support the DNP project. To facilitate adequate assessment of the evidence retrieved from the literature review, articles were organized into a matrix which included a full citation and key points taken from each article retrieved. The AACN evidence-based rating system was used to categorize and evaluate the strength and relevance of the evidence while reducing bias.

Program participants are asked to complete post-participation surveys wherein they are asked to rate their knowledge related to healthy parenting practices both before and after participation in the program. Data collected from those surveys are entered into the home visiting Microsoft Access database. Deidentified raw data extracted from that database and compiled into an Excel spreadsheet by the home visiting program supervisor was then provide to this author for analysis. Analysis of these data addressed the practice-focused question by determining the impact of the local initiative on increasing parental knowledge related to healthy parenting practices.

Archival and Operational Data

Leadership in the local facility identified a parental knowledge deficit related to positive parenting practices as the gap in practice largely contributing to the increased incidence of child maltreatment in the local community. A home visiting program was recently implemented in the local facility as a pilot QI initiative to address that gap in practice. The purpose of the DNP project was to evaluate the impact of that initiative on parental knowledge levels related to positive parenting practices. Created for use in

similar programs, the FSPOS tool (see Appendix) was used to assess the impact of the program on parental knowledge related to positive parenting practices.

A previously validated and reliable tool, the FSPOS is a 7-item survey tool that uses a pre-post method to assess parental knowledge levels related to positive parenting practices before and after program participation. Using a Likert scale from 1 to 7, with 1 representing strong disagreement and 7 representing strong agreement, respondents are asked to rate their level of agreement before and after participation in the program for each of the seven statements. When pre-participation and post-participation responses were compared, any increase in level of agreement with each statement indicated an improvement of parental knowledge related to positive parenting practices. The FSPOS can be completed with the assistance of trained program staff and includes instructions for staff to assist with participant completion (FRIENDS, 2004). Home visitors are formally trained to administer the survey to program participants and assist them with its completion.

According to FSPOS guidance, surveys should be administered to participants when they have had experience with program, and the program begins seeing changes in attitudes and behaviors (FRIENDS, 2004). Participants in the local program are asked by home visitors to complete the FSPOS after they have been enrolled at least three months and have participated in a minimum of six home visits. Home visitors then provide completed surveys to the program supervisor for entry into the program's FSPOS Microsoft Access database. Participant responses to each of the seven statements listed on the FSPOS were extracted from the program's Microsoft Access database and

deidentified by the program supervisor who then provided them to the author for analysis for the purpose of evaluating the impact of the pilot project. Data extracted from the FSPOS surveys dating back to program implementation on February 1, 2017 was included.

There were several limitations associated with the data analyzed for the purpose of the DNP project. Sample size was a limitation due to the program's short length of existence. Statistical calculations reveal a minimum sample of 34 was required to ensure sufficient power; however, because the program is a pilot initiative, attaining this sample was difficult in the timeframe allotted for the project and the sample of 22 was used. A change in parental attitude, as subjectively determined by the home visitor who is employed by the local facility, is a pre-requisite for inclusion and was another limitation of the data (FRIENDS, 2004). The home visitor assigned to each participant is also the same individual administering the FSPOS to the family and assisting with its completion. Further, these same agency employees provide the completed surveys to the program supervisor for entry into the database from which the data that will be provided for analysis. All these limitations have the potential to impact data integrity and validity. The DNP project findings were presented to the project team and limitations were identified and discussed. Recommendations for eliminating or reducing limitations and improving data collection for stronger evaluation are detailed in Section 4 of this project.

Analysis and Synthesis

Participants in the home visiting program recently implemented in the local facility are asked by their assigned home-visitor to complete post-participation surveys.

The FSPOS asks participants to indicate their level of agreement with each of the seven statements listed using a 7-point Likert scale. Specifically, participants are asked to indicate their level agreement with each statement prior to and after program enrollment. Home visitors are specifically trained on administration of the FSPOS tool, including the importance of ensuring it captures complete and accurate data to allow for high quality program evaluation. The FSPOS tool also comes with specific instructions for home visitors assisting participants with survey completion, including how to paraphrase survey statements if participants do not understand what is being asked of them in any given statement. Completed surveys are provided by the home visitor to the home visiting program supervisor who assumes the responsibility for recording and tracking survey responses in the program's Microsoft Access database. For the purpose of the DNP project, the program supervisor provided this author with a report listing de-identified responses extracted from all surveys collected since the pilot program was implemented. This approach protects access to the database and helps to ensure integrity of the evidence (Terry, 2015).

Pre-participation and post-participation responses provided by each participant were entered into an Excel spreadsheet for data exploration, descriptive statistical analysis, and comparison. The author used Excel to sort the data by participant and question, noting changes in responses to each question prior to and after enrollment in the program. When compared to the pre-enrollment response provided by individual participants, any post-enrollment increase noted on the Likert scale signified an improvement in parental knowledge level. For the purpose of evaluating the overall

impact of the pilot program, the mean Likert score indicated by participants for each of the seven statements both pre-participation and post-participation was calculated in Microsoft Excel.

Likert scale data is ordinal in nature, and while outliers were expected, they were left in place when calculating the mean for each question (Terry, 2015). It was also expected that some participants would skip questions, rendering incomplete surveys and missing data; however, calculation of the mean Likert score for each question based on the number of responses actually provided is an acceptable method for managing any missing data (Terry, 2015). Finally, the home visitor assigned to the family administers the survey to each participant, creating the potential for bias that could impact validity of the findings. Program participants are not, however, asked to address the performance of their home visitor; therefore, to ensure collection of statistically sound data that facilitates high-quality program evaluation, this was explained to each participant prior to administration of the FSPOS.

Summary

Focused on increasing parental knowledge related to positive parenting practices, the local facility recently implemented a home visiting program in an effort to reduce the incidence of child maltreatment in the local community. Evaluating the impact of that program was the focus of the DNP project. Utilizing the previously validated FSPOS tool, program impact on parental knowledge level related to positive parenting practices was assessed. Analysis of de-identified data extracted from those surveys was used to determine if the pilot project met its intended objectives. Implementation of the DNP

project began upon final approval of the full DNP project committee and Walden University IRB. Upon completion of the project, Sections 4 and f5 were added to this paper. Project findings, limitations, and strengths, as well as implications and recommendations for positive social change are discussed in Section 4 of this final paper.

Section 4: Findings and Recommendations

Introduction

Child maltreatment is a public health problem in the US (Akehurst, 2015; Kramer et al., 2015; Levey et al., 2017). The incidence of child maltreatment reports and investigations in the county served by the local facility is 4 times the national average at 33.94 incidence per 1,000 children (KWIC, 2015). Poor parenting skills have significantly contributed to the high rate of child maltreatment in the local area, and organizational leaders concluded that a lack of parental knowledge related to healthy parenting practices was the gap in practice largely contributing to the problem. To address this gap in practice, the local facility implemented an evidence-based home visiting program focused on increasing competencies among parents through education as a pilot QI project. Evaluation of that initiative and its effectiveness in improving parental knowledge related to positive parenting practices was the purpose of the DNP project, and the guiding practice-focused question was: Among populations with high rates of child maltreatment, does the implementation of an evidence-based home visiting program increase parental knowledge related to positive parenting practices?

Prior to implementation, a thorough review of the current scholarly literature was undertaken to identify evidence-based strategies to address the clinical problem and support the need for the DNP project. Appropriate databases and websites published by professional organizations were searched for current primary peer-reviewed sources, systematic reviews, and clinical practice guidelines published within the last 5 years. The

AACN evidence-based rating system was used to categorize and evaluate the strength and relevance of the evidence.

To meet the objectives of the DNP project, deidentified responses from all surveys to date were extracted from the program database by the home visiting program supervisor and provided to the author for analysis. Mean Likert scores for pre- and post-participation responses to each of the seven survey questions were calculated and compared to determine if participation in the program had positively impacted their knowledge related to positive parenting practices. Any increase in the mean score for each question from pre-participation to post-participation indicated an improvement of parental knowledge.

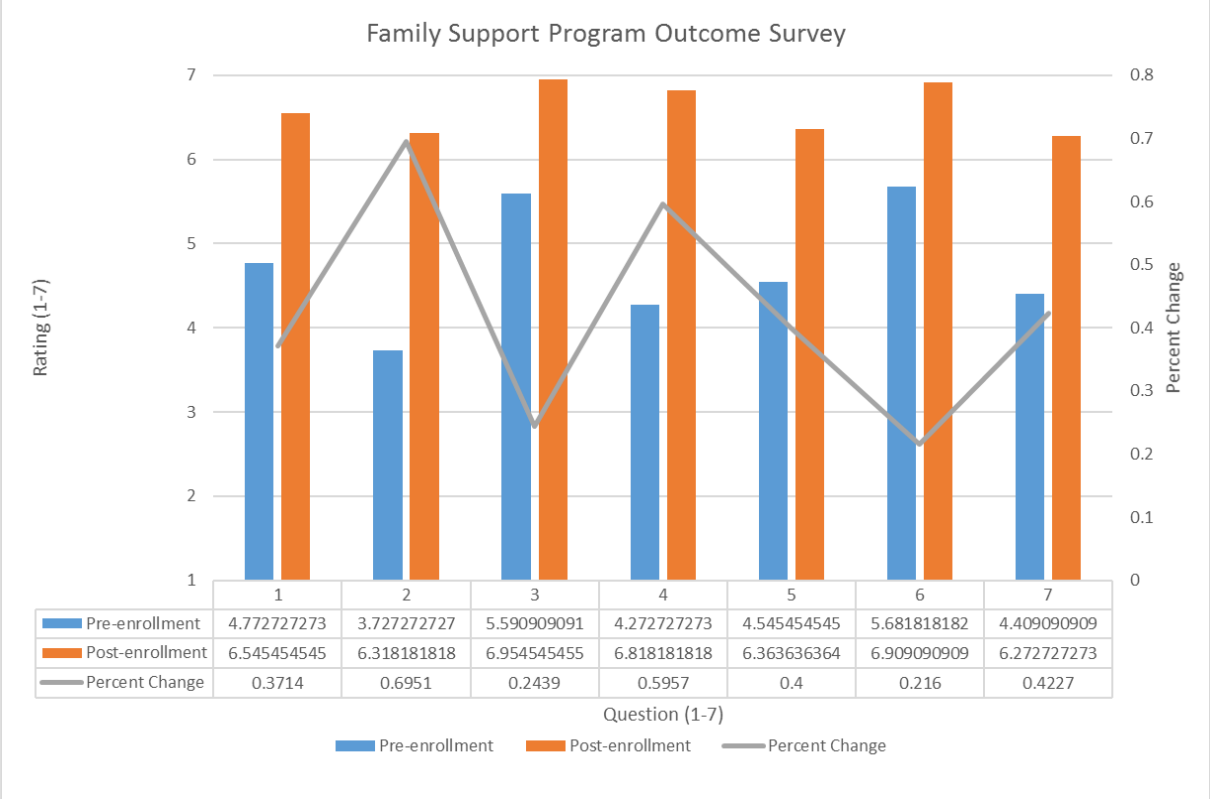
Findings and Implications

To address the increased incidence of child maltreatment in the area served by the local facility, an evidence-based home visiting program was implemented as a pilot QI initiative in February 2017. Increasing parental knowledge related to positive parenting practices was the main goal of the pilot project. The purpose of the DNP project was to evaluate that initiative by analyzing the deidentified responses provided on post-participation surveys collected between February 2017 and December 2018. The analysis focused on comparing each participant's pre- and post-participation responses to each of the seven questions listed on the FSPOS.

At the time of the authors evaluation, 22 post-participation surveys were available for analysis. Deidentified responses extracted from their post-participation surveys were provided to this author by the program supervisor and subsequently entered in an Excel

spreadsheet for the purpose of data exploration, analysis, and comparison. Each of the seven questions on the survey required participants to select their knowledge level related to certain topics both pre- and post-implementation by using a 7-point Likert scale, with 1 representing the lowest possible level of knowledge and 7 representing the highest possible level of knowledge. Mean scores for both pre- and post-participation responses for each of the seven questions were calculated in Excel and compared to determine if changes were noted from pre- to post-participation (see Figure 1). Any increase in the mean from pre- to post-participation for any question suggested an increase in parental knowledge level. Analysis of the data extracted from post-participation surveys indicated program participation increased parental knowledge related to positive parenting practices by 40%.

While the DNP project's findings suggest the QI initiative effectively increased parental knowledge related to positive parenting practices, the number of post-participation surveys available for analysis at the time of evaluation produced statistically insignificant findings. Insufficient availability of post-participation data is the project's greatest limitation and directly linked to its pilot status and length of existence. To facilitate a statistically sound evaluation of the program's impact on parental knowledge, additional time for post-participation survey data collection is needed. Allowing additional time for data collection and analysis has the potential to produce statistically significant findings with implications for positive social change by supporting a program that improves parenting practices and decreases the incidence of child maltreatment.



	1	2	3	4	5	6	7
Pre-enrollment	4.772727273	3.727272727	5.590909091	4.272727273	4.545454545	5.681818182	4.409090909
Post-enrollment	6.545454545	6.318181818	6.954545455	6.818181818	6.363636364	6.909090909	6.272727273
Percent Change	0.3714	0.6951	0.2439	0.5957	0.4	0.216	0.4227

Figure 1. Family Support Program Outcome Survey results.

Recommendations

Consistent with the current scholarly literature, preliminary analysis of the pilot project data suggested the evidence-based home visiting program has improved parental knowledge related to positive parenting practices; however, analysis of data extracted from a minimum of 34 post-participation surveys is necessary to render a statistically significant evaluation of the pilot project (Michalopoulos et al., 2017; Minkovitz et al., 2016. At the time of this evaluation, only 22 post-participation surveys were available for inclusion in the evaluation. For that reason, the writer made the recommendation to the project team that the pilot project continue until a statistically sound evaluation could be completed, and the project team agreed to that plan of action.

Contributions of the Project Team

The DNP project focused on the evaluation of a QI pilot initiative recently implemented in the local facility to address the increased incidence of child maltreatment in the local community, concentrating on its efficacy in improving parental knowledge related to positive parenting practices among the target population. Members of the DNP project team included the author, director of the local facility, supervisor of the home visiting program, and home visiting program staff. The author served as the project manager.

Under the supervision of the home visiting program supervisor, program staff were trained to administer the previously validated evaluation tool to participants. Completed surveys were delivered by the staff to their supervisor for entry into the program database. Deidentified survey responses were extracted from that database by the home visiting program manager and provided to the author for analysis. Pilot program evaluation results were presented to the project team by the author during a scheduled meeting held within 30 days of completing the evaluation process. Each member of the project team was provided a copy of the charts and graphs compiled during the review process and a summary of the project findings two weeks prior to the scheduled meeting. Project team members were given one week to provide feedback that was subsequently incorporated into a PowerPoint presentation that was presented during the meeting. The DNP project will not be extended; however, the existing QI project will continue until an adequate amount of data is available to render a statistically significant program

evaluation. Working with the project team was critical to the project's overall success, as members of the team offered valuable insight and recommendations.

Strengths and Limitations of the Project

Synthesis of the current scholarly literature to support the DNP project and use of a valid, reliable data collection tool were its greatest strengths (Peterson et al., 2014). Utilization of a valid and reliable tool for data collection as well as the availability of an engaged project team to provide objective feedback were also strengths of the doctoral project (FRIENDS, 2004; Lobo et al., 2014; McEwen & Wills, 2014; Peterson et al., 2014). A minimum sample of 34 was required to obtain statistically significant evaluation findings. That number was not attainable due to the program's short length of existence, and this was the project's greatest limitation Members of the project team agreed with the recommendation to continue the program as a pilot until a statistically sound evaluation could be completed. Utilizing the same staff to administer, collect, and deliver the survey is another limitation of the doctoral project. A change in this process is not amicable in the local facility at this time due to a lack of availability of staff. This particular limitation was discussed in detail with the project team, and the author suggested ensuring program staff adhere to the survey-specific instructions and process would strengthen the results. All of these limitations may have had an impact on the validity of the data analyzed for the purpose of the DNP project. Despite these limitations, the information obtained for the purpose of the DNP project provided the local facility with some preliminary data on the pilot program's effectiveness in improving parental knowledge of positive parenting practices among those in the target population.

The project team discussed future potential projects to address the increased incidence of child maltreatment in the local area. Created for use across prevention programs with similar outcomes, the FSPOS is a previously validated and reliable tool, and the team agreed that the same survey tool would have potential for use in the evaluation of the agency's maternal child health program (FRIENDS, 2004). Members of the project team agreed that the tool could be useful as a method to evaluate that program and decided to bring the idea to the agency management team for further discussion.

Section 5: Dissemination Plan

DNP project findings were disseminated to the project team at the local facility during a scheduled meeting within 30 days of completion. A summary of findings and recommendation were provided to the team one week prior, and feedback received from team members was incorporated into the presentation given by the author during that meeting. A comprehensive summary of project findings and recommendations was submitted through the program advisory board to agency management for consideration.

Evidence-based home visiting programs have demonstrated efficacy in increasing parental knowledge levels related to positive parenting practices and reducing the incidence of child maltreatment in other areas of the state and the nation (Admon-Livny & Katz, 2018; Michalopoulos et al., 2017). Focusing on the evaluation of such a program, the DNP project provided preliminary data to suggest implementation among the target population in the local community was equally effective; however, a sufficient sample size is imperative to producing statistically significant data to adequately evaluate program effectiveness. Disseminating this information through written publication in scholarly journals and presentations at professional conferences will highlight the significant role and impact of nurses in addressing clinical practice problems, promoting health, and preventing disease. The final DNP project will be submitted to ProQuest for publication; the *Journal of Forensic Nursing, Child Abuse and Neglect,* or *Child Abuse Review* are also appropriate publications for dissemination of DNP project findings.

Analysis of Self

The purpose of the DNP project was to evaluate an evidence-based QI initiative recently implemented in the local facility to address the increased incidence of child maltreatment in the local area. Evaluation of that initiative allowed this author to use skills as a scholar-practitioner and project manager to facilitate improved health outcomes and create sustainable change in a large public health organization. The author has gained a greater appreciation for the translation of the best available research into practice by using evidence-based solutions to solve clinical practice problems. Promoting positive health outcomes through the use of evidence-based best practices has been empowering and given the author greater confidence to advocate change at the local, state, and national levels. Management of the project provided her with the knowledge, skills, and practices to facilitate positive social change in her role as a DNP-prepared scholar-practitioner.

Completing the DNP project did not come without its challenges. The author struggled to clearly and concisely present information to facilitate understanding related to the project plan and findings in writing. Specifically, the broad topic and nature of evaluating a new program with limited data were factors contributing to this challenge. Selecting an appropriate method for analyzing the data to facilitate proper evaluation of the QI initiative was also a challenge. These challenges pushed the author to seek opportunities to improve these skills. While these challenges have been frustrating at times, the author gained a great deal of knowledge, which has been instrumental in developing her into the scholar practitioner she is today.

Summary

The local facility had a parental knowledge deficit related to positive parenting practices which was contributing to the high rate of child maltreatment in the local area. An evidence-based home visiting program was implemented as a QI pilot project to address that knowledge deficit, and evaluation of that initiative was the focus of the DNP project. Program participants were surveyed, and analysis of the data extracted from those surveys which provided preliminary data to support the initiative increased their knowledge related to positive parenting practices; however, there was an inadequate sample size to render statistically significant findings. Based on the findings of the DNP project, the recommendation was made to the project and leadership team in the local facility to continue the pilot project until an adequate sample size is obtained and repeat the evaluation process.

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Appendix: Family Support Program Outcome Survey

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements. Rate each statement twice—how you felt before this program and how you feel today.

		Strongly Disagree						Strongly Agree	
1) I have relationships with people who provide me with support when I need it.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	
2) I know who to contact in the community when I need help.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	
3) I have confidence in my ability to parent and take care of my children.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	

3a) If your level of confidence as a parent has improved since you started this program, what helped the most?

3b) If your level of confidence as a parent has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.

		Strongly Disagree						Strongly Agree	
4) When I am worried about my child I have someone to talk to.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	
5) I know how to meet my family's needs with the money and resources I have.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	
6) I can stand up for what my family and children need.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	
7) I make choices about family schedules and activities that reduce family stress.	Before	1	2	3	4	5	6	7	Does not Apply ☐
	Today	1	2	3	4	5	6	7	