

Different Approaches to Data (DAD) Pilot Projects

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Dad Pilot Projects

The purpose of the Family and Child Health Innovations Program (FCHIP) Different Approaches to Data (DAD) Pilot funding is to encourage researchers to expand their work beyond a maternal-child or dyadic focus and to begin to collect pilot data that allows for a more holistic and contemporary view of families. These Pilot funds can be used to expand research to include fathers (or partners) in creative ways! For the second round of Dad Pilot funding, FCHIP is pleased to announce the winners for 2022: **Kerri Machut MD, Jessica Fry MD, and Susan Horner PhD APN**. Thank you all for your submissions!

TABLE OF CONTENTS

Evaluating the Culture of Family-Centered Care in the Lurie NICU • P. 2

Examining Associations between Social Vulnerability and Parent Presence in the NICU • P. 2

EVALUATING THE CULTURE OF FAMILY-CENTERED CARE IN THE LURIE NICU

Problem: Families with critically ill infants in the Neonatal Intensive Care Unit (NICU) endure great amounts of stress. Growing research supports a family-centered care approach to optimize outcomes for both infants and their families.

Approach: Through previous work with the Lurie NICU, parents identified areas for improvement in local family support. We propose that parent experiences of support and engagement are tied to the local family-centered care culture. We aim to prospectively survey parents regarding family-centered care both during and after their NICU experiences.

Significance: Our study will help define family perceptions of the culture of family-centered care present within the Ann & Robert H. Lurie Children's Hospital NICU and to determine if family perceptions on family-centered care are correlated with infant clinical factors, family demographic factors, and family-reported usage of digital health tools.



EXAMINING ASSOCIATIONS BETWEEN SOCIAL VULNERABILITY AND PARENT PRESENCE IN THE NICU

Problem: The presence of mothers and fathers in the NICU is essential to supporting the establishment of parent-infant relationships, however, parental presence in the NICU is highly variable. The NICU is a high paced and challenging environment for parents. NICU parents are impacted by multiple stressors, including maintaining employment and caring for other children. This may impact their presence in the NICU.

Approach: This study will employ a retrospective chart review to extend an existing dataset that includes measures of parental presence for 78 NICU families to examine associations between parents' sociodemographic variables, their social vulnerability at the community level, and their presence in the NICU. Results of the study may be useful in identifying individual and community-level barriers to parental presence.

Significance: This study will expand knowledge of NICU parent presence by employing the use of the CDC's Social Vulnerability Index (SVI) to bring light to community-level vulnerabilities that may impact parents' presence in the NICU.

