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Exploring the Perceptions of Childhood Developmental Delays in Parents of Haitian Heritage in a Pediatric Primary Care Setting: A Quality Improvement Project

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Exploring the Perceptions of Childhood Developmental Delays in Parents of Haitian Heritage in a Pediatric Primary Care Setting: A Quality Improvement Project

A Scholarly Project Presented to the Faculty of the
Nicole Wertheim College of Nursing and Health Sciences

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In partial fulfillment of the requirements
For the Degree of Doctor of Nursing Practice

By

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Abstract

Primary care providers play a pivotal role in identifying and managing developmental delays in pediatric populations. To achieve proper surveillance and compliance with the recommended plan of care, providers need to collaborate with parents to fulfill this goal. This is especially important in cultural groups that may have barriers hindering proper childhood developmental monitoring, such as in Haitian culture. The objective of this quality improvement project is to identify the perception(s) of childhood development in parents who identify with Haitian heritage, which may bring forth possible barriers that are related to identifying childhood delays and continuation of care once delay(s) are identified. There is a shortage of studies that explore the experiences of this specific group in the black diaspora as it relates to childhood development. There is also a lack of studies on how to increase understanding and foster collaboration among those who identify with this culture, as well as how healthcare practitioners would benefit from addressing these barriers. This quantitative study was conducted in a pediatric primary care setting in South Florida, where 17 parent participants completed a survey on their views of childhood development. Parent participants were of Haitian descent, had a child of age five or younger, and literate in English or Haitian Creole. Findings displayed barriers such as lack of awareness (17.6%), cost (11.8%), fear or discomfort associated with the process of addressing developmental delays (5.9%), lack of healthcare resources (17.6%), lack of time or convivence (5.9%), and personal belief or cultural factors (29.4%) were a present concern for participants. Findings also implicated parents who are supported by a primary care provider, who considers their cultural nuances when delivering care, are more confident in monitoring childhood development, as well as discussing their concerns with their child’s provider.

Keywords: Developmental delays, pediatric development, pediatric primary care in South Florida, Haitian culture, and Haitians views on developmental delays

Section One: Introduction

Problem Statement

Developmental delays are common in childhood, occurring in 10%–15% of preschool children while global developmental delays are less common, occurring in 1%–3% of preschool children (Choo et al., 2019). A developmental delay occurs when a child does not achieve developmental milestones in comparison to peers of the same age range (Choo et al., 2019). An example of this would be a child's ability to initiate communicating with others, or perhaps trouble understanding social cues. Early childhood development typically follows a trajectory of achieving physical, communicative, cognitive, social-emotional interaction, and self-motivated milestones within a specified age range. Early developmental delays are markers for later developmental conditions such as autism, intellectual disability, hearing or vision impairment, cerebral palsy, speech, language disorders, or learning disabilities. Pediatric primary care providers support healthy child development in many ways. Developmental risk assessment, childhood developmental surveillance, and screenings are recommended components of a preventive health care routine for all children (Schickedanz & Halfon, 2020). Several factors increase the risk of developmental delay(s). Amongst those risk, poverty, poor parental practices, lack of child stimulation and poor nutrition can affect the growth and productivity of an individual even into their adulthood (Gil et al., 2020). In addition to the clinical judgement of a provider when caring for a child, the quality and ability of a parent to report a child's behavior and developmental progression plays an immense role. An essential emotion seems to be worry; worry of others or self-perception; worry of faultiness, and most importantly, worry of the child's lack of positive progression. When given a diagnosis of a developmental delay, or referral for further testing and assessment, many parents have negative attitudes towards developmental delays, which can hinder the success of treating the patient’s issue (Babik & Gardner, 2021). This statement is true in many Caribbean cultures, including the Haitian culture. Generally, most Haitians are afraid of people with disabilities and treat them as if they are afflicted with a contagious disease (Wamba, 2020). In the Haitian culture, there is noticeable discrimination against people with disabilities, which is deeply ingrained. Many people in this culture feel that a disabled child will bring harm to other children and the parents often abandon the child (Torres, 2016). Moreover, this may prompt parents to overlook and hid noticed lapses in development, which was noted from parents who brought their child in for wellness checks at the pediatric center where this study was conducted. Because of this cultural view, it would be understandable to run into difficulties with parents in discussing or accepting their child’s diagnosis of a developmental delay. It is important to assess the barriers that childhood developmental delays may present to pediatric patients who are cared for by parents of Haitian Heritage, who may still carry the views and cultural values of their native land. Using culturally sensitive tools to screen for developmental delays can help ensure that assessments are accurately inclusive and consider patient’s diverse cultural background and experiences. In pediatric primary care, disparities in access, quality, and care delivery for children and families of color is seen in high quantities, specifically for those living in poverty, and whose primary language is not English. Many of these disparities are rooted in structural inequities including racism, xenophobia, and poverty. Similarly, children whose parents’ primary language is not English face health care access and quality disparities and are less likely to have access to a proper primary care that can monitor and surveillance their child’s development (Okoniewski et al., 2022). This may place a barrier to receiving proper health education needed for parents to properly follow appropriate guidelines related to childhood development.

In the Haitian culture, views on delays in the development of children are not easily addressed or accepted, as parents tend to have a negative feeling of shame, worry, fear and discrimination linked to religious, cultural, or spiritual views. There is also a lack of education within the Haitian culture surrounding this topic. With this being a present factor in this culture, when assessing, diagnosing, and treating a developmental delay, a sense of push back and noncompliance can be felt by the primary care provider providing care from the patient's parent(s). With an increasing number of Haitian immigrants moving to South Florida – and now a large group of Haitian-American immigrants living in this region – it is of utmost importance to understand how the Haitian culture can show influence regarding development in children. In this study, the main elements explored include parental views on childhood developmental delays, cultural views and barriers that are present, as well as the parents' ability to identify if a child development is not continuing as expected.

Purpose and PICO Question

The main purpose of undertaking this project is to identify the perception(s) and present barriers that parents of Haitian heritage may have towards childhood development. This study aimed to collect results that could be used to broaden the understanding of this patient population perception related to childhood development, aiding healthcare providers to carry out inclusive and effective care when monitoring pediatric development. This, in turn, will allow practitioners to gain cultural insight that may equip practitioners with the tools to enhance patient care for this community. The rationale for this quality improvement project was the lack of present literature that explores the topic of the perception of childhood development in this specific population, along with the perceived stigma related to childhood developmental delays within Haitian culture. An assessment of Haitian parental views towards childhood developmental should explore barriers for receiving care and barriers that impede primary care providers to address this topic with a patient and their family. The lack of established research can also lead to the possibility of misdiagnosing and misidentifying barriers to reaching a diagnosis of a childhood developmental delay. To further examine and identify barriers, the project sought to respond to the following PICO question: "In parents of Haitian Heritage, who have children that are 5 years of age or younger, what are the perception(s) and present barriers in identifying developmental delays, accompanied by parents' involvement or responsiveness to receiving help from a healthcare professional after potential delay(s) are identified."

P – Parents of Haitian descent with a child aged five years or younger

I – Questionnaire survey focused on assessing parents' views on childhood development

C – Not identifying views and assessing barriers

O – Heighten cultural awareness and sensitive care that allows Haitian parents perceptions on childhood development to be acknowledged, which addresses barriers that may stop effective and quality care to be provided to pediatric patients of Haitian descent

Problem Identification

Pediatric primary healthcare is of paramount importance to the health and development of all children, helping them reach their true potential (Boudreau et al., 2022). The American Academy of Pediatrics recommended guidelines agrees with Florida Health Department placement of a program called Early Steps that offers early interventions to eligible infants and toddlers, age birth to 36 months, who have or are at-risk for developmental delays. In addition, this program supports families and caregivers to increase their child's participation in daily activities and routines that are important to the family unit (Florida Department of Health, 2022). When used correctly, this program is an available resource utilized by primary care providers in

South Florida to yield healing, support, and optimal health promotion for those who receive this service. To properly initiate services established to support childhood development, providers must be able to guide parents in knowing how to surveillance child development and cultivate a space that makes parents open to discussing the topic of childhood development and delays.

Currently, there are many different types of screening tools used by primary care providers when caring for pediatric patients. There is not a particular standard or consistent tool designated to screen for childhood developmental delays, giving providers the autonomy to carry out what works best for their patient population. Not all children who are being cared for by primary care providers receive a screening that targets their developmental capacity. A lack of cultural sensitivity and awareness from providers, poor health history given by pediatric patient's parents, and a lack of education regarding developmental delays can result in missed diagnostic opportunities for providers. Children of low socioeconomic status have a higher risk of being diagnosed with developmental delays, which shows a prevalence in Black and Latino communities. It is well known that racial disparities affect the diagnosis and the reception of services for early childhood developmental delay(s), but studies have had difficulties distinguishing between patient, healthcare system and physician factors from underlying prevalence (Gallegos et al., 2021). There are few research studies dedicated to understanding the perception and views of Haitian parents' views on developmental delays, as well as the cultural barriers that may be presented in diagnosing their child. Therefore, addressing this will better serve providers in shortening the gaps in disparities, especially in communities that are populated with individuals of Haitian heritage.

Background

The severity of Haiti's economic, social, and political crises in the last couple of decades have resulted in an exodus of tens of thousands of Haitians to South Florida during the late 1970s and 1980s (Widmayer et. al, 1990). After the devastating earthquake in 2010 that hit the island of Haiti, which caused hundreds of thousands of deaths and displaced more than 1.5 million people, the U.S. government extended Temporary Protected Status (TPS) to certain Haitians already living in the United States, providing temporary work authorization and relief from deportation leading to more than 55,000 Haitian immigrants who have been granted TPS (Olsen-Medina & Batalova, 2022). In most recent years, due to poverty, gang violence, civil unrest, health crises and low socioeconomic values in Haiti's, this has caused many Haitians migrate to locations such Dominican Republic, Chile, Brazil and largely South Florida in efforts to seek refuge. While some refugees have financial resources and family or friends in the United States, minimal financial and community support is present for many. Haitian-American children are subjected to a range of environmental risks associated with poverty and the stress of living as refugees in a vastly different culture, even though newly arrived Haitian families may consider life in the United States to be an improvement from the conditions they experienced in Haiti (Widmayer et.al, 1990). This population is living at the extreme end of the socioeconomic spectrum in the United States, thus understanding the specific factors that influence the development of Haitian children living in South Florida is of theoretical and practical significance (Widmayer et. al, 1990). Those of Haitian descent who currently live in the United States, particularly in South Florida, are recognized as African American, which does not acknowledge barriers to accessing and receiving care that are culturally specifically to those of Haitian Heritage. Pediatric primary care providers who are caring for patients that identify with this culture should consider patient's individual life experiences and use culturally sensitive care to better service patients and their family.

In the Haitian culture, the views that are attached to developmental delays are related to negative ideas that derive from religious, spiritual, and cultural views (Gabriel-Percinthe, 2019). While many individuals of Haitian descent who are living in the United States have assimilate to the American culture, they may have the Haitian culture influence their perspective regarding developmental delays, which can emit overshadowing feelings of shame or embarrassment due to cultural views that are shared by family and community members. With this being a present issue, primary care providers should proactively support and advocate for parents. Providers should keep in mind barriers and pressures that might deter parents from complying or accepting a plan of care that address a child's developmental delay, in attempts to help the child to reach their greatest developmental potential. One example of how Haitian culture may influence the view of childhood development is believing that attention deficit hyperactivity disorder (ADHD) is attributed to demonic spirits and ill-behaved children that are not responsive to proper child rearing (Purnell & Fenkl, 2021). In this culture the use of pharmaceutical therapy to improve developmental delays is discouraged, as it is believed to lead to the introduction or exacerbation of mental illnesses, which plays a vital role in influencing this cultures perception on development delays.

Scope of the Problem

Evidence from global health databases suggests that about 240 million children globally have developmental delays and disabilities based on parent-reported functional difficulties compared to 290 million children using statistical modeling techniques (Olusanya et al., 2023). Although systematic reviews and meta-analyses are more suited for evaluating the effectiveness of health interventions and accuracy of diagnostic tests, it is not uncommon to use pooled prevalence estimates from individual primary studies as proxies for the global and regional prevalence of children with developmental delays (Olusanya et al., 2023). The extent to which these prevalence estimate aligns with data from global health databases, such as the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and the World Bank or the Global Burden of Disease (GBD). Factors that contribute to the global effect of developmental delays includes developmental disabilities, low-socioecomic status, lack of education/ poor health literacy.

Worldwide, 250 million children under age 5 are at risk for not reaching their full developmental potential, with evidence pointing to the first 1000 days of life as a crucial window to intervene (She et al., 2022). Recent estimates in the United States obtained by the Center of Disease Control (CDC) shows that about one in six, or about 17%, of children ages 3 through 17 years having one or more developmental delay (Center of Disease Control, 2022). The most prevalent developmental delay found by the American Association of Pediatrics are attention-deficit/hyperactivity disorder (ADHD) (9.5%), learning disability (7.9%), autism spectrum disorder (2.5%), stuttering or stammering, past 12 months of age (2.1%), intellectual disability (1.2%), seizures, past 12 months of age (0.8%), moderate/profound hearing loss (0.6%), cerebral palsy (0.3%) and blindness (0.2%), and other developmental delay (4.1%) (Jenco, 2019). Locally in Miami-Dade County, 3.4% of its population has a child diagnosed with a disability/delay, compared to Florida's 4.8% (Miami Dade Matters, 2023). State governmental funded programs such as early-steps and age specific programs that are conducted in the public-school setting accommodate teachers and health care providers to aid children through a specialized plan called an Individualized

Educational Plan (IEP). These accommodations are present for those individuals who have a present developmental delay. (Florida Health Department, 2022).

Annual burden of childhood disability/delays range approximately per family $450 – $69,500 worldwide, making childhood disability/delay imposing an economic burden on families, health systems, and societies (Shahat & Greco, 2021). The wide range of costs related to this healthcare issue contributes a multitude of factors, including perspective variability, costs of care, method(s) of care treatment, and the severity of present disability or delay. This hardship is even heavier on families in developing countries, as most of the costs are paid out-of-pocket leading to impoverishment of the family unit. Therefore, efforts should be directed to avoid preventable childhood delays and to support children and their households, making them more independent and increase their productivity (Shahat & Greco, 2021).

Early and appropriate screening is important when caring for pediatric patients which gives the opportunity for earlier diagnosis and behavioral intervention. Some common screening tools that are often used in U.S pediatric primary care settings to monitor children’s development under the age of five years old are the Modified Checklist for Autism in Toddlers (M-CHAT), NICHQ Vanderbilt Assessment for Attention Deficit Hyperactivity Disorder (ADHD), , Capute Scales (also known as Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale [CAT/CLAMS] and Ages and Stages Questionnaires (ASQ) (Minnesota Department of Health, 2022). Other factors, such as lead exposure can cause a stunt in a child’s development making it necessary to screen for lead substance. The use of screening tools that are used in suspicion of a development delay, should also be analyzed to assess if they are culturally appropriate. Identifying that specific set of behaviors across all cultures and ethnicities, while still maintaining acceptable standards for sensitivity and specificity in a screening tool, may be difficult to achieve (Wallis, & Pinto-Martin, 2008). Even with the developmental screening tools accompanied by providers clinical judgment, there seems to be a discord in providers assessment of developmental delays and parents understanding of what a developmental delay is, when to report a developmental delay, as well as what characteristics and behaviors should be surveillance. This gap may be affected by factors such as inadequate health literacy, cultural preferences, perception and views of developmental delays, or ability to adequately care for a child.

Little research is available about the mannerisms and behaviors that Haitian children may display and its opposition to established tools. An example of this would be the amount and level of eye contact that’s maintain between individuals while a conversation is being held. In the American culture, direct eye contact is encouraged and customary. In Haitian culture, direct eye contact with elders or people in authority is usually avoided by children. Prolonged eye contact is traditionally considered rude which may play as a factor when screening for delays if not familiar with this culture (Ross, 2010). An additional viewpoint that can be explored are Haitian views on ADHD. ADHD is a commonly diagnosed chronic mental condition in Haitian children but, unfortunately, there is no conceptual term for ADHD nor a Creole term to describe it (Purnell & Fenkl, 2021). Sadly, in the Haitian culture, signs and symptoms that point to this diagnosis may be linked to ill- behaved, “poorly raised”, or a mentally victimized child suffering from an “unnatural” condition; Parents may believe that this behavior can be controlled by parental discipline, or they may seek an alternative health consult such as a *Hougan* or voodoo priest, even though medications are the preferred treatment for ADHD (Purnell & Fenkl, 2021). In addition to pharmacological treatment, psychological intervention are included, which provides some fear in this culture because psychoactive drugs may be seen as a cause of substance abuse and even possibly thought to cause mental illness (Purnell & Fenkl, 2021). For this reason, acknowledging and assessing parents' perceptions of the cause of a delay or change of behavior in a child can help in providing inclusive care.

Consequences of the Problem

A child's development effects how they can receive and view the world. Early childhood is commonly defined as the first five years of life. It is the fastest period of growth, and the period in which the developing brain is most sensitive to stimulation and nurturing, making this period of development the foundation for subsequent educational and vocational attainment at the individual level (Global Research on Developmental Disabilities Collaborators, 2020). Most developmental delays will resolve with early intervention, allowing the child to continue their path of positive development. Without early detection and early interventions, the detrimental effects may be permanent and leave residual effects that can follow the child into their adulthood. Some of these potential adulthood complications include acceleration of disability, adult literacy problems, adult social adjustment problems, behavioral problems, depression, and low self-esteem (Lloyd, 2020). This can lead to negative outcomes for children, families, and communities. If pediatric primary care providers understand that a parents' role in aiding in the surveillance and monitoring of the progression of their child's development, they can support and guide parents through this journey. Addressing barriers and factors that may conflict with recommended plan of care from a primary care provider is a must. This allows providers to intervene and address concerns that include identifying barriers in diagnosing childhood developmental delays in the Haitian population, identifying better methods to approach this patient population in a culturally sensitive manner, evaluating their approach when discussing this topic with parent(s), as well as utilizing reassuring techniques that address fears and concerns. Failing to address these concerns can lead to disparities that can become a hinderance for patient families and perpetuate further disparities in this patient demographic.

Knowledge Gaps

In efforts to obtain more understanding about pediatric care in immigrant communities as it relates to the needs of preventative care, bringing awareness to the specific concerning factors of respective cultures, as well as allowing a mindful space for health care providers to effectively deliver care, this quality improvement project was an insightful tool that aimed to bridge knowledge gaps. Presently, there is a limited amount of available research regarding parental views of childhood developmental delays and the perceptions of this topic in the Haitian culture. Data has been collected to explore, explain, and address the living conditions and health care state of children currently living in Haiti, in efforts to improve the country's healthcare infrastructure and decrease disparities linked to poverty, low-income, and malnourishment (Pierre, 2020). Haitian immigrants account for less than 2 percent of the U.S. foreign-born population, though their numbers increased by 17 percent from 2010 (587,000) to 2018 (687,000); In the United States, Haitian individuals are often linked under the category of "Black" or "African American", which disregards the cultural implications that may be present in providing care to these patients. Among Black people residing in the United States, those from Caribbean islands may identify as Black but not as African American due to culture differences in language, geographical origins, customs, and culture (Flanagin, 2021). When providing health care to immigrants, it is important to acknowledge their understanding and perception of life through the lens of an individual that has also viewed and experienced life in a foreign land. If the perceived view has negative connotations towards a topic such as childhood delays, this may become a barrier for providers to diagnose and treat patients. For this reason, understanding patients' culture and the implications for their behaviors play a huge role when caring for patients and their families.

It is important to engage various stakeholders to understand their perspectives about cultural sensitivity within the pediatric health care system and how culturally sensitive care may impact health care quality (Ragavan et. al, 2020). Stakeholders such as community leaders, community providers, and community political representatives can use this to better facilitate access for this patient population and provide a safety net that allows parents and families with to seek refuge and support. Limited information was found on the impact of aiding and prompting pediatric health care regarding developmental delays in geographical areas, including South Florida, where many people of Haitian descent live. No studies to this date examine the perceptions of parents of Haitian descent towards childhood developmental delays and how culturally sensitive care might address this topic during wellness visits.

Section Two: Literature Review

This section summarized previous findings associated with other minority, immigrant, and parental groups on their understanding and receival of care delivery related to childhood development. Due to this topic being under researched in the communities of this project's target population, it is helpful to explore strategies and technics used to investigate issues related to childhood development in other populations, which may set a guide on ways to approach research, and also be aware of certain themes and reoccurring factors that may also be present in the participant population that was surveyed in this quality improvement project.

Search Strategy of Literature

Based on this study's PICO question and purpose, a review of published literature was conducted seeking relevant literature that relates to this topic. A limited number of sources were available that focused on the Haitian-American population as it relates to childhood development and it parental views. Parameters that were set were selecting articles that were between years of 2016 - 2023, written in English, and found in journals. Databases that were utilized were PubMed/Medline, The Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Google Scholar. These databases were the best fit as they provide nursing and medical related sources that would be most useful. Key words and phrases included: *developmental delays, childhood development, pediatric primary care in South Florida, Haitian culture, Haitians views on developmental delays, pediatric primary care*, and *developmental delays*. The articles selected were the most up to date literature that supported this quality improvement project statement best. A total of 28 articles were retrieved, but 9 articles were used to conduct this literature review after a detailed screening of quality based on the research design, data collection, samples, data analysis, recommendations, and conclusion.

Inclusion and Exclusion Criteria

The selected studies that were chosen for this literature review were a proper fit to further explore the topic of parents of Haitian heritage perception and views on developmental delays. Literature that was included in this review were found in the library database of Florida International University, written in English, and published after the year 2016. Studies that were excluded in this literature review were disqualified due to parameter of literatures research focusing on pediatric patient populations views and perception on childhood delays versus focusing on parental views, studies lacking a concrete conclusion or result value and if studies focused on diagnosis developmental delays that has passed childhood.

Synthesis of the Literature

The selected studies focus on developmental delays in immigrant families, parents' experiences with developmental delays, childhood developmental delay impact on the family unit, association of developmental delays due to low economical or minority status, and the barriers and facilitators that are present for immigrant parents when dealing with developmental delays such as language delay and autism. These listed criteria allowed a foundational base to be view on how other cultures and ethnicities who are considered immigrants in the United States, views and perceptions were evaluated and how it can be applied to the study population of parents to Haitian heritage. A commonality that all the previously examined studies have expressed in their own way is addressing the concerns and barriers that are present for specific patient populations in efforts to provide inclusive and effective care regarding childhood developmental. In my quality improvement project, this assessment was performed, in efforts to better address concerns of Haitian communities as it relates to their child's health care. This investigation opens new research and evidence that shines light on minority populations who would benefit from specializes care that is better suited for their community. Understanding and identifying the specific minority concerns of Haitians will bring awareness to their experiences and bridge a gap between the care that is given by their primary care providers when addressing childhood developmental delays. Regarding care that is given to pediatric patients, parent involvement and participation is a vehicle that leads to compliance and ultimately the opportunity for the pediatric patients to reach their total wellness, while taking advantage of the resources that are available to them. Parents of Haitian Heritage deserve to have this opportunity shared with them, as well as the support from providers who screen and surveillance their child's development. Investigating the views and perception and views of childhood developmental delays of parents of Haitian descent can provide evidence that aides in examining barriers to receiving care, as well as reason why providers may have difficulty providing appropriate care to this patient population. The three main themes that were present of parental involvement, lack of health literacy and parental perception stigma and culture which will be further discussed in following sections.

Parental Involvement

Parental involvement makes a big difference in each child's development and its trajectory. The necessary tools, resources, therapies, and assessment(s) that are available to parents' advantage, depends on their access and the barriers that stops them from being able to fully be involved in their child's health care. In this quality improvement project, participating parents of Haitian heritage were surveyed in pursuit of identifying barriers. Primary care providers who provide pediatric care need to be mindful of the importance of parental involvement and identify ways to provide support to parents. This strategy aides in maintaining parents' confidence in handling behaviors that they perceived to be difficult and promotes parent feelings of control, while also working to prevent challenging behaviors, and their frequency. Engaging parents and providing concrete strategies to manage their perceptions about their child's behavior may also be important to ensure that families follow through with the diagnostic process and remain engaged in the child's treatment plan following the diagnosis (Hickey, 2021). Providers who are cultural competence and collaborate with other like-minded professionals gives parents a sense of comfort when giving information and advocating on behalf of the family (Fong et al., 2022). Another aspect of this is knowing the capacity that a parent can be involved in their child's care.

Acknowledging this may alleviate parental stress related to childhood development as well as provide parents with recommend resources that can provide them support. Parents of children with developmental delays endure more stress than parents of typically developing children; in turn, poor parental mental health can lead to negative parenting practices, exacerbating child behaviors (She et al., 2022). Many immigrants may feel shame or embarrassment when questioning professionals during visits and leave without a proper understanding of the plan of care for their child and unaware how to proceed with possible testing assessment and outsourced resources (Marshall et al., 2017). Limited English proficiency impacts a parents' ability to seek and understand information available, and negatively impacted their willingness to engage with support services and communicate their desires and needs to professionals (Fong et al., 2022). This should be taken in consideration when caring for patients of Haitian culture. Many parents might either have feelings of something irregular about their child's development, but decide to "wait and see", remain in denial, or have a feeling of guilt that may negatively impact the child's timeframe in receiving care for a developmental delay (Marshal et al., 2017). Parents involved in reviewed studies also express feeling uncomfortable and shy when communicating with professionals or disclosing health information. Parents stated they felt more at ease bringing along a friend or family member to appointments. Some parents reported perceiving themselves as passive recipients who needed to learn to adjust their communication styles to the society that they are currently living in (Fong et al., 2022).

Lack of Health Literacy

Personal health literacy is the degree to which individuals can find, understand, and use health information and services, then form a health-related decisions and actions for themselves and others (HRSA, 2022). Parents' level of knowledge and health literacy influences the patient’s provider ability to facilitate communication regarding their child’s health (Valizadeh et al., 2017). Providers should know parents’ observations of their child along with their knowledge level, compared to expectations for typical development. This opens the opportunity for a dialogue between provider and parent about the typical developmental that is expected from a child, as well as the need to surveillance development for possible intervention if a diagnosis of a developmental delay is given to a child. This could be the case for many young parents or first-time parent(s). This also allows the provider to assess their knowledge and experiences’ for caring for a child. Studies have shown that the parents who lack of knowledge or understanding of ASD in their native country attracts attitude that lack distinction between developmental delays diagnoses, and those that are mental health problems which can be perceived similarly other countries (Rivard et al., 2019). Furthermore, research has shown that even after receiving a diagnosis, children of immigrant parents are less likely to access early intervention and other ASD-related services such as school-based supports and speech-language therapy (Fong et al., 2022).Racial disparities in the diagnosis and reception of services for early childhood developmental delay (DD) are well known but studies have had difficulties distinguishing contributing patient, healthcare system and physician factors from underlying prevalence (Gallegos et al., 2021). This poses the question of, “why would a minority population that is of higher risk for acquiring developmental delays due to racial, social, and economic health disparities, be less likely to partake in interventions that can help chronic delay/disability from progressing?” Some of the findings gathered from the literature review illustrate how early childhood systems must take into consideration the challenges and stressors faced by families of very young children, including those who are English language learners, working parents, acculturation stressors, difficulties navigating unfamiliar education and families with other barriers to accessing which can lead to higher odds of parental depression (Marshal et al., 2017; Fong et al., 2022; She et al., 2022). Awareness of a delay is the key for seeking evaluation, which can be guided by parents' perceptions of the process of assessment, referral, and enrollment in services parents' experiences with developmental services and parent agency which are concurrent themes that are identified in the reviewed study (Marshall et al., 2017).

Parental Perception, Stigma and Culture

Parents' positive or negative perceptions of early intervention for childhood developmental delays are associated with family and child outcomes, can be a determining factor that display barriers and facilitators, which can enhance or hinder the type of care provided to pediatric patients. The conducted literature review findings displayed that many parents do not initially notice any issue with their developmental development until concerns were raised by others, which prompted families to seek out services (Marshall et al., 2017). While some parents might be opened and read to accept a diagnosis of a developmental delay and the challenges that may come with it, others may have a harder time coming to terms with reality. The reviewed studies shine light on the negative view of disability in particular immigrant cultures as reasons for keeping their child's diagnosis a secret from grandparents, extended family members, and friends which indirectly impacts the social life of both the child and parents (Fong et al., 2022; Hickey et al., 2021; Rivard et al., 2019). This brings feeling of social isolation which leads to the feeling of loneliness due to lack of support. This can take a toll on parents mentally and finding ways as a provider to reduce parental perceptions of a child who has age of elemental delay can aid in parent involvement, as well as prepare them for upcoming steps in the diagnosis process (Neece et al., 2019). When providing care to immigrants who still carry and practice their cultural views, those nuances should be addressed in efforts to identify present barriers that stops them from playing an active role in children's care. A great method that was used in many of the reviewed studies is semi-structured interviews, allowing participants to express experiences, memories, and prompted elaboration with follow-up questions provides obtain rich data (Valizadeh et al., 2017; Marshall et al., 201; Rivard et al., 2019). To conduct this quality improvement project, these, methods were noted and supported the chosen style of using a questionnaire survey that gave then others to select given answer choice, or to add on answers to questions. Promoting equitable access requires necessary understanding of immigrant families' experiences when receiving appropriate primary care for their child, as well as accessing services and supports for their child.

Definition of Terms

- **Developmental delay:** A developmental delay occurs when a child does not achieve developmental milestones in comparison to peers of the same age range (Choo et al., 2019).
- **Culture:** the characteristics and knowledge of a particular group of people, social form, encompassing language, religion, cuisine, social habits, music and arts (McKelvie & Pappas, 2022).
- **Personal health literacy**: the degree to which individuals can find, understand, and use the information and services then form health related decisions and actions for themselves and others (HRSA, 2022).
- **Racial disparities:** refers to the imbalances and incongruities between the treatment of racial groups, including economic status, income, housing options, societal treatment, safety, and myriad other aspects of life and society (Howard University, School of Law, 2023).

Section Three: Methodology

The methodology is vital component in conducting a quality improvement project. The rationale for this step is that a quality improvement project highlights utilizing selected measures to comprehend the variations within a system, and then alleviating the unwarranted variations. The following sections provide the project goal, assessment of the clinical by identifying SMART objectives, using a SWOT analysis of the clinical site, and the provided theoretical framework that was best suited for this project. Other components of this quality improvement project such as participants, procedures, implication, and timeline for executing the project will follow.

Primary DNP Project Goal

This project aimed to explore the views and perceptions of childhood development in parents of Haitian Heritage through a questionnaire survey. The focus was to identify barriers that hinder providers to deliver appropriate care, or hinder parents from seeking care regarding childhood development. Benefits of this project are parents gaining cultural aware and sensitive practitioners to treat their child and family, as well as to lead quality care that reaches their community. Providers will gain insight to barriers when they address childhood developmental delays, making them more valuable and wanted by patients. The setting of the quality improvement project office accommodates parents to receive care in either English or Haitian-Creole by professionals who were familiar with the Haitian American patient population. The familiarity that staff members and providers have with the culture of this patient population may pose as a threat to identifying and breaking barriers. Childhood developmental delays pose as a sensitive topic too many parents, which might make providers or staff members shy from assessing parental views regarding this topic. During the clinical site observation period, parents were asked if there are any present concerns in their child's development, and many answer no even if it was evident to the provider. By addressing this sensitive topic, providers will better understand how to navigate a developmental delay diagnosis and treatment plan, enabling effective and sensitive support to patient and their family.

SMART Objectives

For the purpose of this DNP quality improvement project, the following SMART objectives are identified:

- Identify parents of Haitian Heritage views and perceptions on developmental delays in a primary care setting with-in a 3-week period

1)Describe parent-reported views and perception of developmental delays in a primary care office in a 3-week period.

2) Examine the association between parent-reported culturally sensitive care

3) Identify barriers to developmental delays in pediatric patients of Haitian decent in a pediatric primary care office in a period of 3 weeks.

Theoretical Framework/Conceptual Underpinning

A theoretical framework is a foundational review of existing theories that serves as a roadmap for developing the arguments you will use in your own work (Vinz, 2022). Theoretical framework is important because it justifies and contextualize your research. Nursing theory-guided practice helps improve the quality of nursing care because it allows nurses to articulate what they do for patients and why they do it (Younas & Quennell, 2019). This allows for nursing practice to be evaluated, have connections drawn, and measures practice efficacy. The theory that will be used for this DNP quality improvement project will be the health belief model.

Theory Overview

The Health Belief Model (HBM) was developed in the early 1950s by social scientists at the U.S. Public Health Service in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease (LaMorte , 2022). The HBM is one of the most widely used models when it comes to interpreting and rationalize risky human behavior towards their health. The model is based on the theory that a person's willingness to change their health behaviors primarily comes from their health perceptions (Boskey, 2023). The six components of this theory include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, or self-efficacy. These components are the determining factors that The HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior (LaMorte, 2022). My study will focus on parents of Haitian Heritage views and perception towards childhood developmental and explore barriers that affects how they receive care from their child's primary care provider. I anticipate the selected participants will have many different responses that will giving insight to their experiences and show that that the HBM can be applied to parents of Haitian Heritage.

Theory/Clinical Fit

This study identified factors of perceived susceptibility, perceived severity, cues to action, health motivation, perceived benefits, and perceived barriers, that should be included in the assessment and consideration of healthcare providers when providing childhood care to patients of Haitian Heritage. Evidence of developmental delay(s) in children related to prevalence, view of diagnosis, and effects on the patient and family unit in Black and Latino communities has been established, but few research is available solely focusing on participants of Haitian Heritage. In the United States, an individual who is of Haitian Heritage is considered Black and placed in that category which includes other ethnicities that identify as Black (e.g., African Americans, Jamaicans, Afro-Latino, Africans). Despite the racial similarities, individuals of Haitian-Heritage have a different cultural perceptions, views, and experiences that warrant exploration. HBM is a descriptive theory that can amplify the perception of this participant population. Addition factor that makes this theoretical framework a suitable clinical fit is that the HBM can be used to design short or long interventions, conveying the consequences of the health issues associated with risk behaviors in a clear and unambiguous fashion to understand perceived severity, and communicating to the target population the steps that are involved in taking the recommended action and highlighting the benefits to action (Rural Health Information Hub, 2022).

Theory Evaluation

The perceived susceptibility of participants will address their personal feelings on childhood development and potential cause severities. Perceive severity refers to a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated) (LaMorte, 2022). The variation in a participant’s feelings of severity will be captured, considering their thoughts on medical consequences (e.g., death, disability) and social consequences (e.g., family life, social relationships). One of the main goals of this project is to identify perceived benefits and perceived barriers, which will expose the reasoning behind this selected population actions and choices regarding approaching childhood development. Cue to actions stimulus needed to trigger the decision-making process to accept a recommended health action (LaMorte, 2022). These cues can be internal (e.g., regression in behavior, unable to keep eye contact, difficulty communicating, etc.) or external (e.g., advice from others, illness of family member, newspaper article, cultural influences, etc.). Self-efficacy refers to the level of a person's confidence in his or her ability to successfully perform a behavior. This will allow the evaluation of participants knowledge and ability in identifying proper childhood development.

Setting and Participants

The study was conducted at a pediatric primary care office in Pompano Beach, Florida led by a Haitian Pediatrician. The medical office team consist of two nurse practitioners in office manager, front desk associate, two licensed practical nurses, along with a medical assistant. The population that is mainly seen in this practice are pediatric patients that have Haitian origins or Caribbean backgrounds. Due to the high volume of patients that are brought in by Haitian-Creole speaking parents, accommodations such as Haitian-Creole speaking staff members and providers, were readily available. This office cares for many patients who are of Haitian descent and is geographically placed near a large Haitian community. In this office, their main goal that the providers try to achieve is making the patient comfortable so they can give them the very best treatment possible. The patient population that is attracted to this practice site served as an ideal sample population for this quality improvement project due to their ethnicity, cultural background, and parental status.

Procedures

Participation selection was done at the time patients were checked in by the front desk associate when they arrive for their pediatric primary care office visit. If the potential participate (parent/guardian of pediatric patient) arrived with their child who is age five years old or younger, and identify with the Haitian Heritage, they were asked if they would be interested in participating in a quality improvement project about childhood developmental. If they agree, an informative letter was be given to them with an attached survey including the participant demographics. The survey questionnaire was separated in the categories of parent’s knowledge of their child’s development, parent’s methods of obtaining information on child development, and parents experiences with developmental monitoring. The survey was completed in the waiting room of the office or during the free time that the provider or staff members are not with the patient in their private exam room. After the participant has completed the survey, surveys were collected and placed in a secure box. At the end of the 3-week participant recruiting process, the participant response was collected from the secured box and was uploaded into a password protected online data collection software. Survey results were used to strengthen training to staff members on appropriate educational interventions for parents of Haitian heritage regarding child development. All surveys were destroyed after data is uploaded into Qualtrics, the data collection software. One week after data was collected and analyzed, the staff members of the clinical site participated in a 20-mintue onsite informational session that delivered the results of the project training through a PowerPoint presentation. Staff members were able to give the input during session and discussed the benefits of this quality improvement for their patient population.

Participant Recruitment

Participation selection was done at the time that patients are checked in by the front desk associate when they arrive to their pediatric primary care office. If the potential participates (parent/guardian of pediatric patient) arrived with their child who is age five years old or younger and is Haitian, they were asked if they would be interested in participating in a quality improvement project about childhood developmental. An informational letter and the survey were provided in English and Haitian-Creole to better facility the selected participants population. An informational letter that contained an overview of the studies purpose, their role in the study, risk, benefits, and contact information if they were to have inquires. For those individuals who cannot read English or Haitian creole, they were not eligible to participate in the study. The sample size consisted of 17 parents.

Data Collection

To collect data, a paper survey will be given to parent participants to complete. These participants will be given adequate amount of time and privacy during this process. Each survey will be collected from participants to be properly stored, which then will be inputted in a password protected data collection software.

Data Analysis

Data was analyzed using SPSS Versions 28 (IBM Corp., 2021). Frequency counts were used to examine the distribution of categorical demographic variables as well as other descriptive variables. In addition, bar graphs are used to visually display the distribution of categorical variables.

Protection of Human Subjects

The sample size received consent to participate in the study through an informative letter, which discussed the anonymity of competing the provided survey. Participates were made aware that their responses on the survey will solely be used for the content of this project and will not be used for any other reason. No identifiable information was collected for this study, which protected participants. Surveys with recorded response were locked in a secure box in a locked cabinet in a private room of the office of the clinical location site, which was accessible only to the student investigator. Once all the survey results were inputted in a password protected data collection software and the paper surveys are no longer needed for this DNP project, results were destroyed. Prior to the commencement of this project, IRB approval by Florida Intentional University was obtained.

Data Management

As mentioned previously, to protect the responses and preserve the integrity of the project, collected paperwork was kept in a secure box in a locked cabinet that only the student investigator had access to. After the DNP project was completed and the obtain data is not needed, paperwork will be shredded destroyed in the presence of clinical site mentor/preceptor. Statistical Package for Social Sciences (SPSS) will be used for the analysis of data. To use this software with obtained qualitive data, a numerical value will be assigned to identify qualitative data.

Timeline

Prior to the start of this quality improvement project, IRB approval took 6 weeks to be obtained. The project took 3 weeks to feasible obtain 17 participants. The clinical site was visited 2-3 days per week by the researcher to recruit participants. The Final defense for this quality improvement was completed one month after project was collected and analyzed, giving enough time to analyze data and provide results.

Section Four: Results

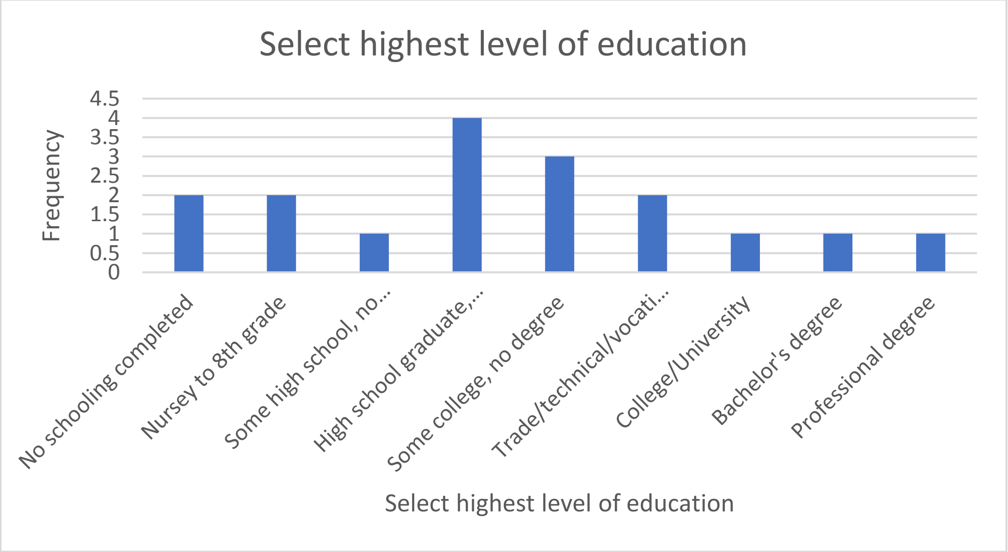
Sample Characteristics

Participant demographic characteristics for the sample of 17 participants are provided in Table 1. The sample consisted of Black parents to a child aged 5 or younger of Haitian decent. Most parents (82.4%) were between 31 and 45 years old (Figure 1). Their level of education varied from not having any formal schooling (11.8%) to having a professional degree (6%) (Figure 2).

Table 1. Demographic Characteristics

Characteristic	*N* (%)
Age	
18 – 30	2 (11.8)
31 – 45	14 (82.4)
Missing	1 (5.9%)
Highest Level of Education	
No schooling completed	2 (11.8)
Nursery to 8th grade	2 (11.8)
Some high school, no diploma	1 (5.9)
High school graduate, diploma, or GED	4 (23.5)
Some college, no degree	3 (17.6%)
Trade/technical/vocational training	2 (11.8)
College/University	1 (5.9%)
Bachelor's Degree	1 (5.9%)
Professional Degree	1 (5.9%)

Figure 2



Data on Childhood Development Questionnaire Survey

When asked whether they thought they were knowledgeable about childhood developmental milestones, most parents reported being Somewhat (47.1%) or Very (35.3%) Knowledgeable (Figure 3). When asked who they trust when they have questions about their child's development and/or developmental milestones, responses included: health care professionals (100%), online sources (5.9%), or friends and family members (23.5%). This confidence that parent participants had in their health care provider in giving them advice related to their child's development show cultural sensitivity and caters to the present cultural nuances present in the Haitian culture. Most parents reported tracking their child's development regularly (94.1%) (Figure 4). While all parents reported some level of confidence in their knowledge of childhood development, most parents reported being very confident (52.9%) or extremely confident (23.5%) (Figure 5). Most respondents (82.4%) agreed that having a good understanding of childhood development positively influenced their parenting practices (Figure 6) with close to half (47.1%) believing that finding trustworthy information on childhood development is extremely easy (Figure 7). Most parents did not feel overloaded with information (76.5%) (Figure 8). When asked about their preferred method for receiving childhood information, parents preferred health care professionals (94.1%), or friends or family (11.8%). They reported typically acquiring information or educating themselves about child development through family members and friends (52.9%), discussions with healthcare providers (47.1%), books or parenting magazines (11.8%), or online articles or blogs (5.9%). Most parents (52.9%) were not aware of the concept of developmental monitoring before their child's birth (Figure 9) and believe monitoring their child's development is very important (41.2%) or extremely important (47.1%) (Figure 10). When asked how they primarily monitor their child's developmental milestones, parents indicated through pediatrician/doctor visits (88.2%), developmental screenings (29.4%), observations at home (70.6%), interactions with other children (52.9%), and online resources and information (5.9%). Most parents reported being extremely satisfied (64.7%) with the current methods available for monitoring their child's development (Figure 11) and most indicated that they did not face any challenges or difficulties in monitoring their child's development (82.4%) (Figure 12). When asked to rate the availability of information and resources on developmental monitoring, responses varied from neutral (17.6%) to excellent (35.3%) (Figure 13) and satisfaction with the support from health care professionals also varied from somewhat dissatisfied (5.9%) to very satisfied (76.5%) (Figure 14). Nevertheless, most rated their overall experience with developmental monitoring of their child as being positive (41.2%) or very positive (47.1%) (Figure 15). Lastly, when asked what barriers may have prevented them from seeking developmental monitoring for their child, parents indicated that barriers included lack of awareness (17.6%), cost (11.8%), fear or discomfort associated with the process (5.9%), lack of access to healthcare resources (17.6%), lack of time or convenience (5.9%), and personal beliefs or cultural factors (29.4%) (Figure 16). These barriers are supported by the findings in the literature review that pose as a threat of cause of a minority group from receiving proper and effective primary care. The results of the participant survey questionnaire can be found in in the following figures:

Figure 3

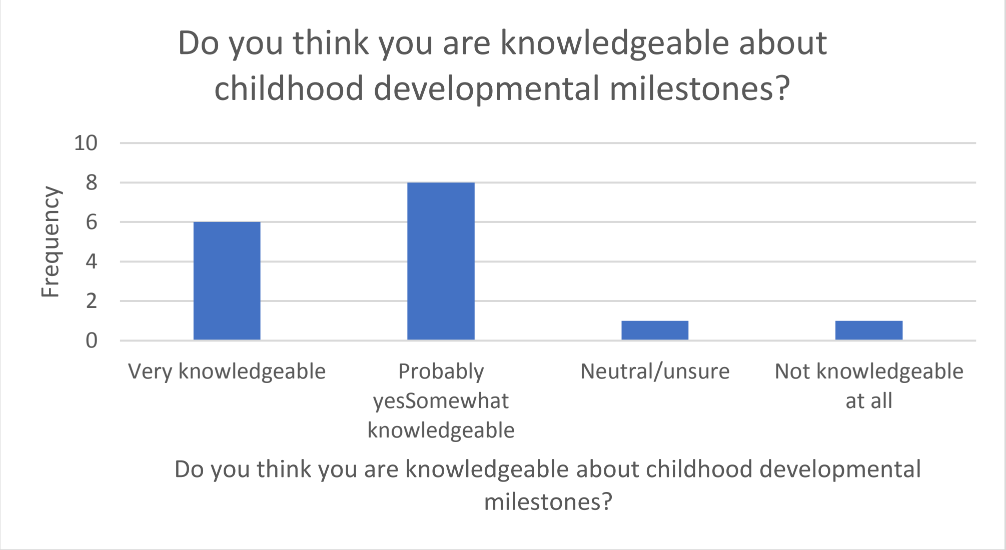


Figure 4

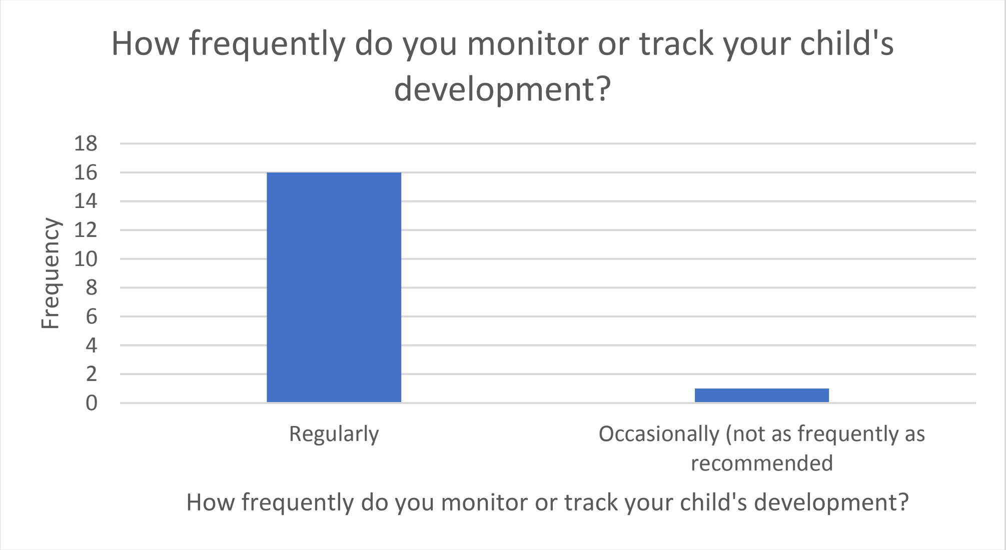


Figure 5

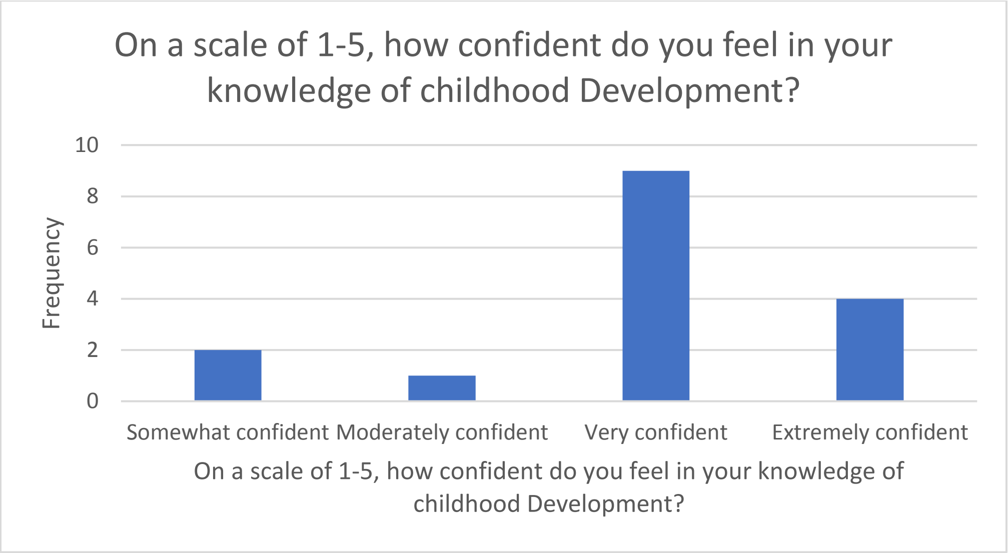


Figure 6

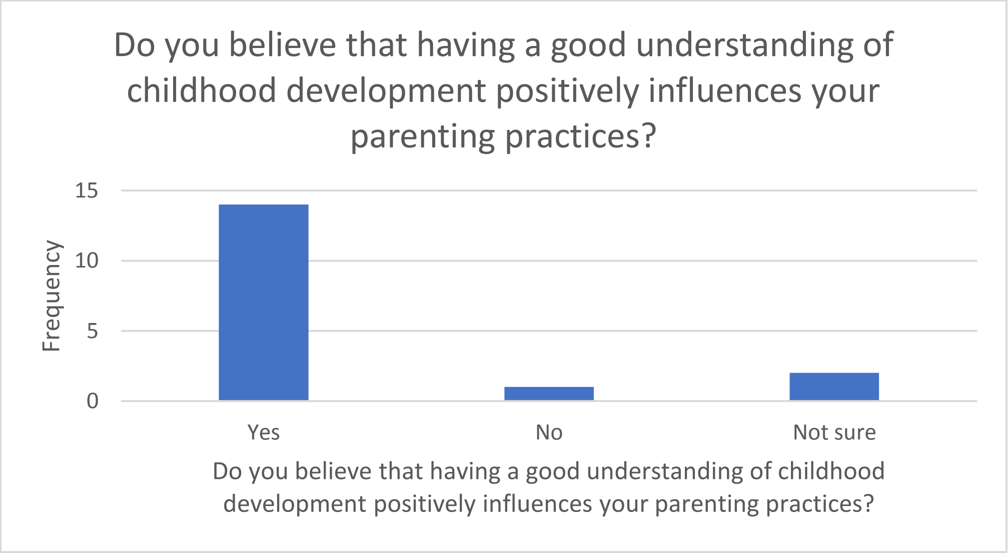


Figure 7

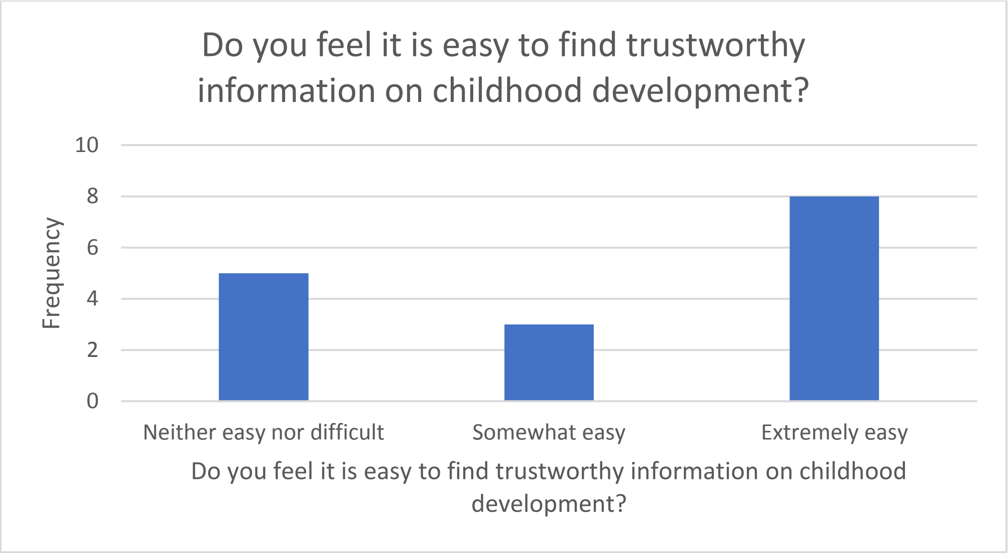


Figure 8

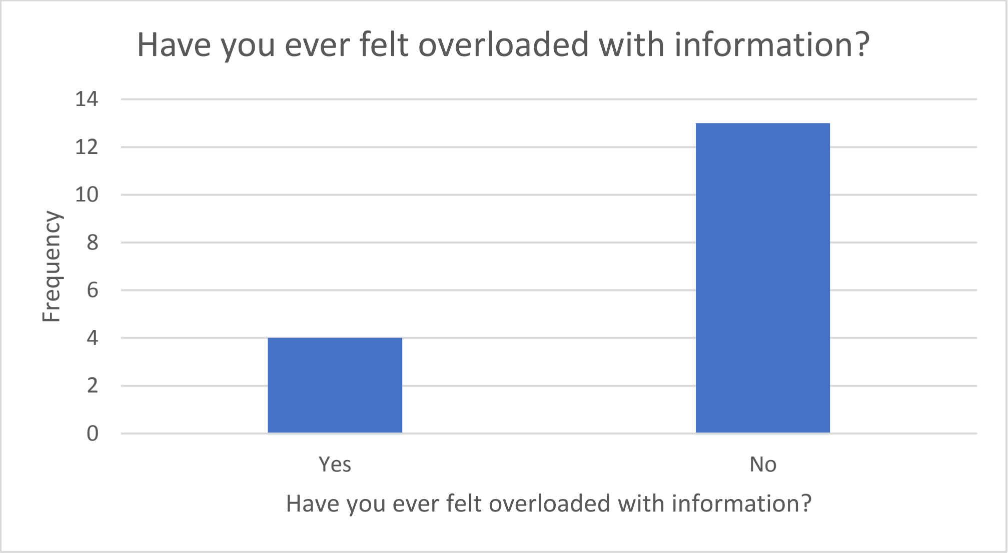


Figure 9

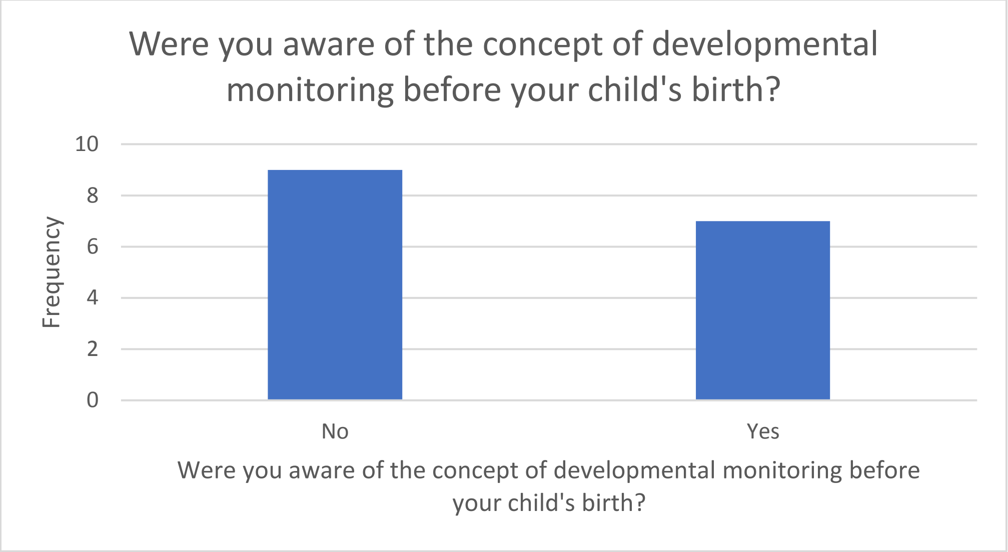


Figure 10

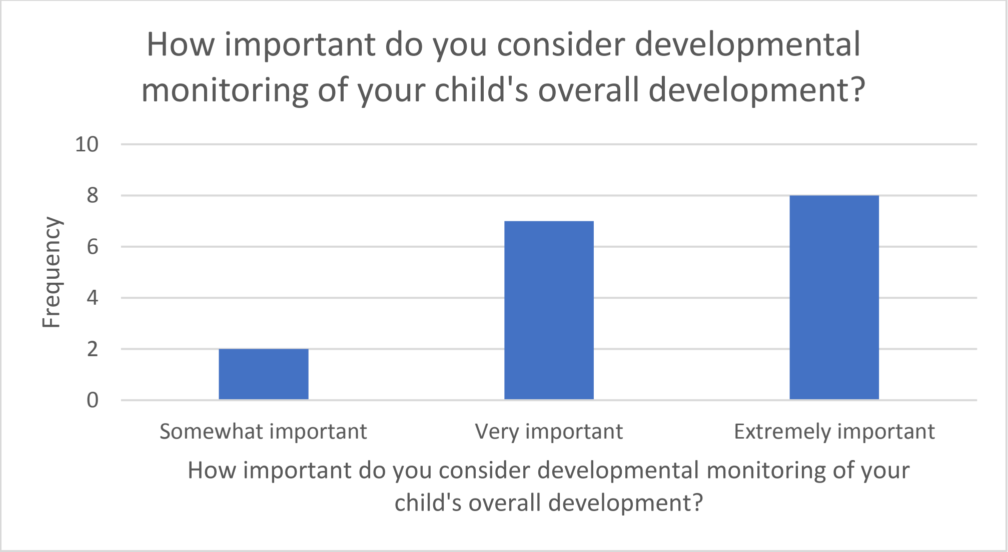


Figure 11

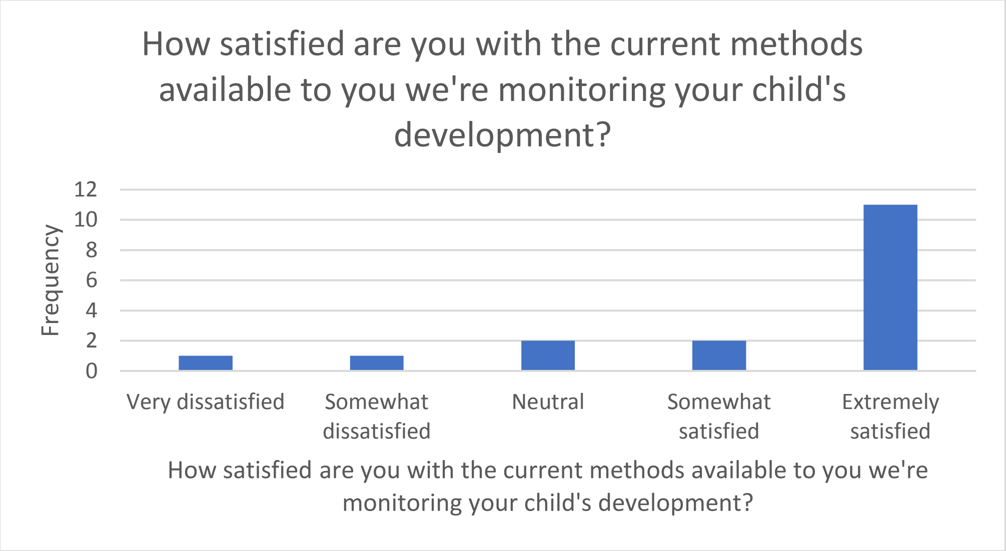


Figure 12

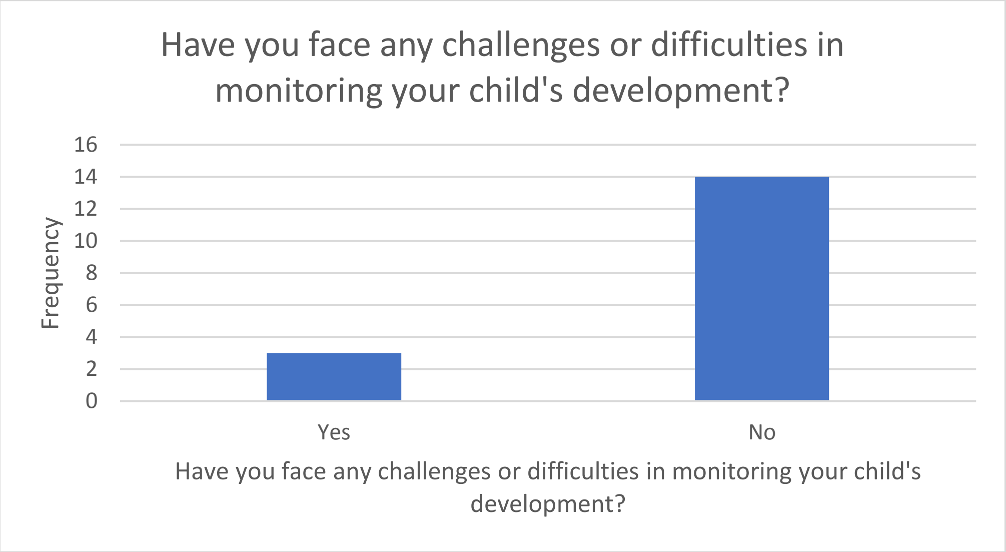


Figure 13

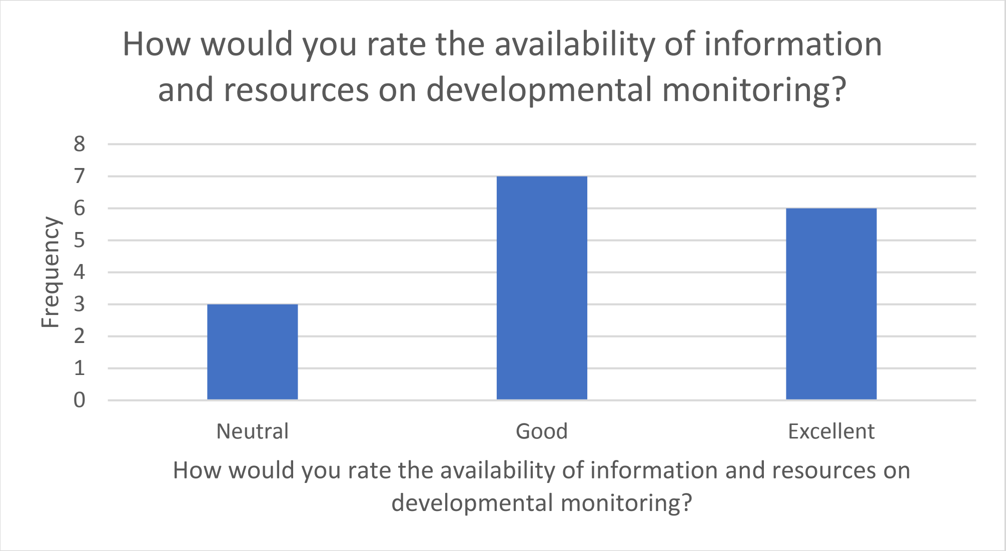


Figure 14

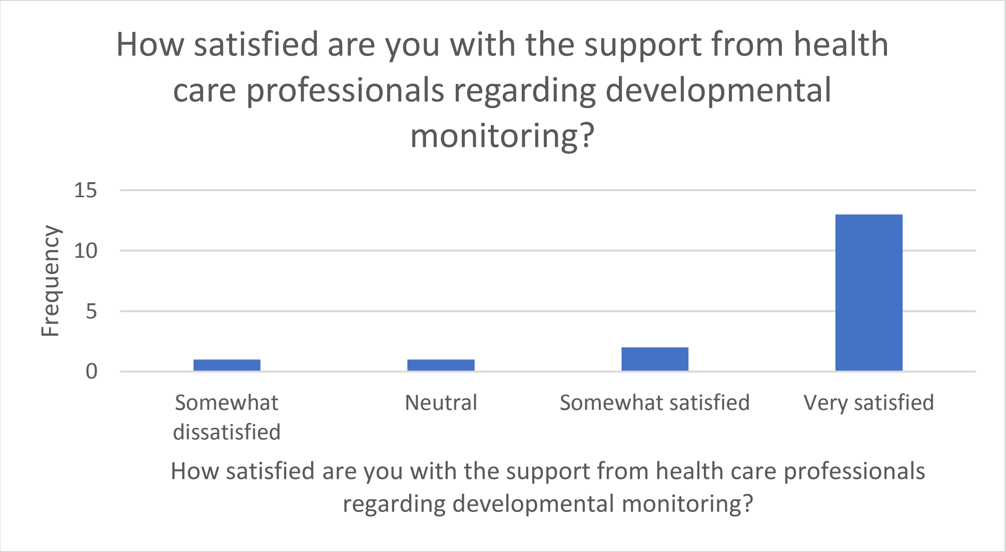


Figure 15

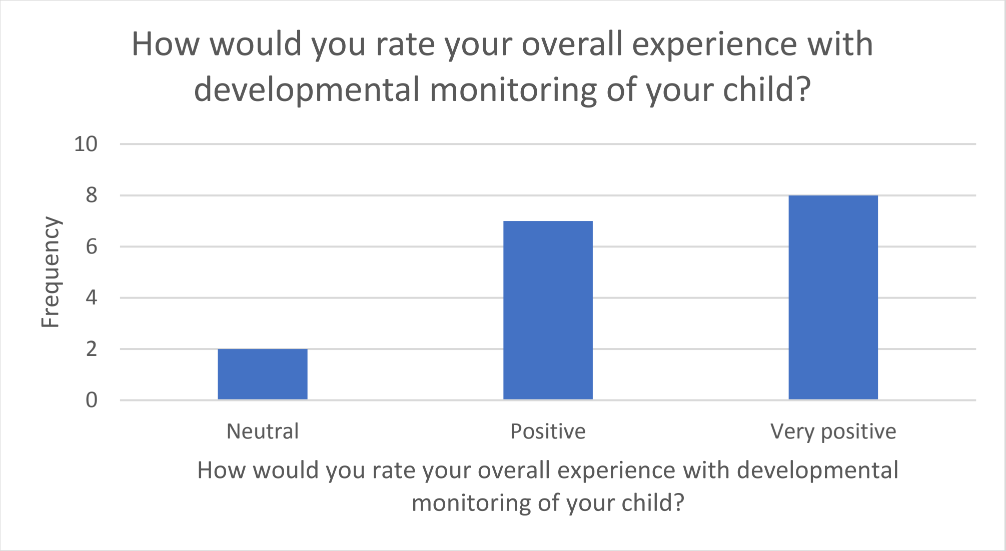
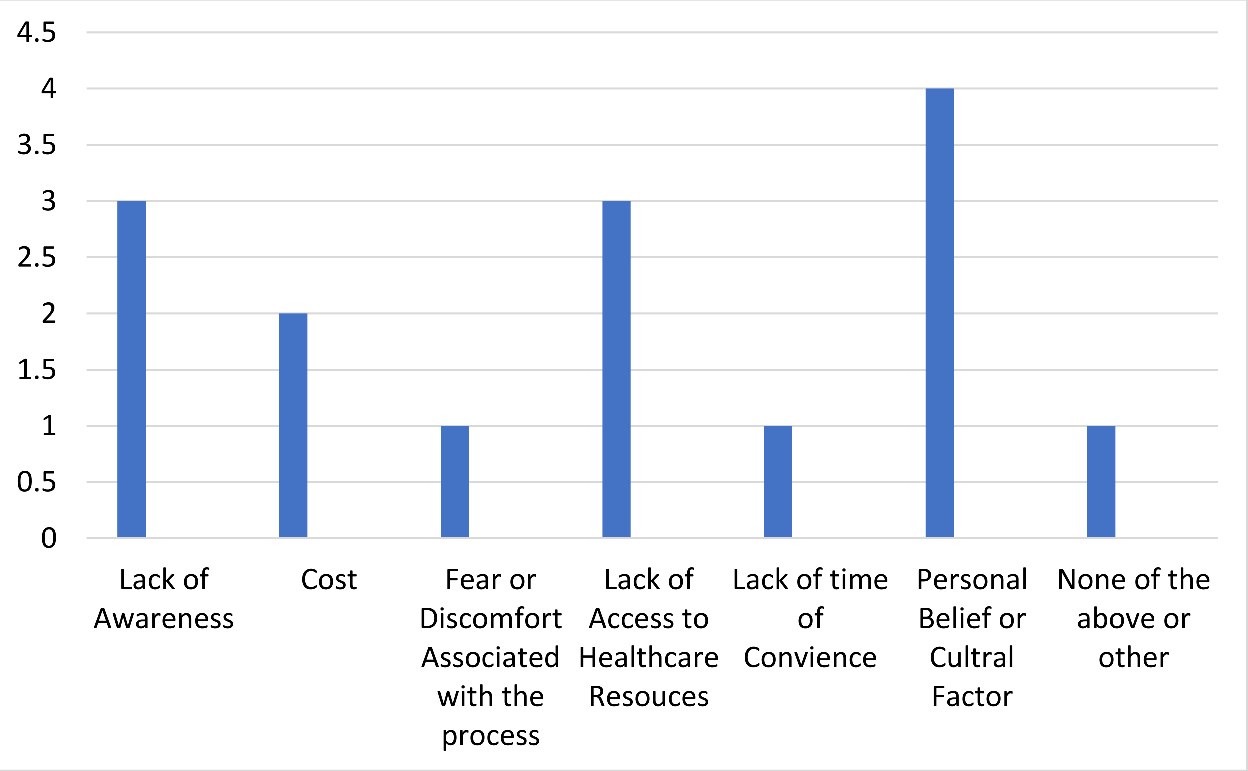


Figure 16

Barriers to Seeking Care Regarding Childhood Development



Interpretation of Findings

The results indicate that the parent participants have a strong sense of confidence in monitoring their child's development. This can directly correlate to the increased number of participants who trust the plan of care their child's primary care provider has curated for them, as well as their willingness to seek their medical expertise regarding childhood development. This finding directly reinforces the idea of primary care providers empowering parents with information that allows them to take a direct role in their child(s) health care. As reviewed in the literature review, when practitioners give parents a sense of comfort when giving information and advocating on behalf of the family, this builds a rapport that fosters the client-provider relationship, which in turns address patient needs and reassures compliance to recommended plan of care. Even, with the findings showing high confidence in monitoring childhood development and in the care being provided, barriers are still identified from 94.1% of the parent participants which includes the explored themes from the literature review: parental involvement, lack of health literacy and culture factors related to stigma and parental views.

Section Five: Discussion

Influencing Factors

The success of the project was attributed to the unwavering support of the Medical and nursing staff at the pediatric primary care office. Their want and encouragement for increase research that will directly affect and potential aid their patient population is what rooted their compliance and support in help the project facilitation in their office. This staff showed support in providing scholarly guidelines and tips regarding the data collection process to improve the outcome of the project. The project adhered to the minimal requirements of dissertation guidelines, which involved conducting a thorough research through literature reviewing of similarly related studies and the incorporation of a statistical analysis of collected data to provide validation of project findings. Most importantly, ethical issues were incorporated in the research by acknowledging cultural considerations during the conduction of the project towards the topic of childhood development and the sensitivity that may be attached to this topic. The selected questions for the participant survey were selected and ordered in a manner of least to most invasive to provide a certain comfort level for patients.

Project Limitations

Many limitations were presented in conducting this quality improvement project. Many potential participants were worried of the potential risk that may involve their immigration status, which led them to declining their participation. Even after providing an informational letter that included stated verbiage explaining that there was no risk if they choose to participate, along with stating no identifiable factors would be collected to keep participants anonymous, many still declined participation. Study results showed positive feedback of parents being confident in monitoring their child's development. Results displayed parent participants confidence in talking to their primary care provider regarding their child development. This can be correlated to the providers being culturally sensitive due to themselves identify with the Haitian heritage or having experience working with this specific population. This poses the idea of replicating this quality improvement project in a setting that is heavily populated with patients who identify with the Haitian culture but has providers who are not well verse in dealing with this culture. Over the years, many Haitians have moved from their homeland and resided in Latin countries. This has created an influx of Haitians who read and Speak Spanish. Many participants who identify with this situation requested survey to be provide it to them in Spanish, as they did not read English or Haitian Creole. These listed limitations contributed to the small sample size that was obtained first quality improvement project.

Areas for future Research

Areas for future researching include the continuation of exploring barriers related to childhood development and the cultural influences that navigate these barriers. The study was conducted in a setting that catered to the cultural needs of the participants, which increases patient satisfaction, patient compliance to recommended healthcare plans, as well as yield positive results on participants survey regarding confidence in monitoring childhood development. To yield more inclusive and more accurate results, future research should be obtained in areas that populate parents of Haitian Heritage but have providers who are not Privy or familiar with the Haitian culture. Additionally, majority of parents participants were present for a Wellness visit for their child, reinforcing the initiative of properly monitoring and surveillance of childhood development. This project would befit from surveying parents of Haitian Heritage in a different setting (e.g. work place, school, churches etc.). Further assessment of this view should aim for a qualitative element in order to allow participants to directly express their experiences, which will give researchers more insight.

Plans for Dissemination

The outcome of the project will be disseminated by publishing the results in a scholarly article where fellow learners, stakeholders in the healthcare sector, and educational facilities can easily access. Reputable and reliable journal domains will be identified for publishing. Nevertheless, a formal request must be sent to the proper administrative team to seek approval for submission. In the meanwhile, nursing conventions and symposiums provides the opportunity to present findings of project, exposing results to potential stakeholders. Lastly, results of project were presented before faculty staff and Doctor of Nursing practice students during a DNP symposium hosted by Florida International University.

Implications for Advanced Practice Nursing

Childhood developmental delays had the potential to be seen through the different scopes of nursing (e.g., nurse practitioner, registered nurse, licensed practical nurse), making it necessary for those who work with the pediatric population to be aware of the signs and/or symptoms of a delay in childhood development. Developmental delays are a universal concern, and the nursing field should be able to provide the necessary support that patients and their family may need. Nurses have the potential to contribute statistically significant to the health of individuals with developmental disabilities (DDs) in acute care, community settings and school settings; yet there are few nursing interventions and best practice guidelines focusing on nursing care for people with DDs (Khanlou et. al., 2023). This leaves an important gap in our knowledge and practice of nursing care for people with DDs.

Nurse practitioners that care for pediatric patients have a holistic approach which caters to their physical, developmental, physiological, and social development of patients. In assessing and identifying if patients are maximizing their development, identify barriers and facilitators to how care is given and received from children with developmental delays is important. This allows providers to place proper referrals, request further assessment, and perform additional screenings to identify a problem. Providers can curate a plan that gets patients' development back on course, or at least aim for the best possible prognosis. Due to the stigma associated with developmental, behavioral, and mental health issues, many parents may be apprehensive about discussing the subject. Screening tools can help open the door to a conversation about mental health issues and the role parents play (NAPNAP, 2023).

Children who are diagnosis with a developmental delay(s) of any kind should be supported through this journey by their primary care provider. One way support can be shown to patients is through providing accommodations during their health care office visits. Some of these accommodations can be using manipulative and sensory material that are developmentally appropriate for autism spectrum disorder (ASD), provide examination rooms that are easily assessable for those with motor delays, adequately providing appropriate amount of time for patient office visit, adjusting environment (e.g., lighting, noise level, distracting visuals), and allowing pediatric patients to demonstrate understanding in multiple ways (NYC Public Schools, 2023).

One of the major challenges in nursing regarding childhood developmental delay(s), appears to be that registered nurses (RNs) are not adequately prepared to support the general patient population health care needs (Applegreen et. al., 2018). Lack of awareness and knowledge is a breeding ground for lack of appropriate care and knowing when to bring concerns of signs/symptoms of a delay to providers. Registered nurses use the North American Nursing Diagnosis Association (NANDA) Nursing Diagnosis to helps guide nursing interventions to achieve the best possible nursing outcomes (Melo et al, 2022). Delayed Child Development will aide in implementing needed actions for improving the child’s health.

Neurodevelopmental disorders (NDDs) are rising among school-aged children and adolescents, especially in those with autism spectrum disorders (ASD) and/or attention deficit/hyperactivity disorder (ADD/ADHD) (Berglund et. al., 2020). Amongst the many roles that licensed practical nurses can hold, one of the common positions is being a school nurse. In this setting school nurses along with teachers are usually the first ones to notice a lapse in a child’s development, and the reason for prompted evaluation or screenings. School health care is responsible for providing support to all students, especially those with special needs (Berglund et. al., 2020). Supporting students with special needs, has been found to be both meaningful and challenging for school nurses, although there seems to be potential for improving the work through professional development with mentorship that leads to enhancement of new knowledge (Berglund et. al., 2020).

Conclusion

In the Haitian culture, children are valued because they are the key to the family's progeny, cultural beliefs, and values (Purnell & Fenkl, 2021). The family unit relies on their growth and progression of their children and is a value that is carried on even after many have migrated to the United States. There is an increased acknowledgment in the importance of family participation in maximizing the potential developmental of children, especially those who have a childhood development delay (Zimmer, 2023). In patient populations that lack the resources to obtain optimal health due to factors such as racial disparities, this is even more important to achieve. The development of a child can propel their protectory to thrive and prevent potential complications and regression associated with behavior, learning, reading and social interaction. Primary care providers perform developmental screening and assessments to identify delays in pediatric patients, aiming to help patients reach their greatest potential for development. With the help of parent's surveillance their child for expected development, providers can reach this goal. It is imperative to identify the perceptions and views that pediatric patients' parents have towards childhood developmental, in collaboration to continue recommended childcare. Addressing this will better aid providers in shortening the gaps in disparities, especially in the communities that are populated with individuals of Haitian descent. Positive engagement with healthcare provider corresponds with positive results in participants feeling confident in tracking their child's development. Barriers preventing participants from seeking developmental monitoring includes lack of awareness (17.6%), cost (11.8%), fear or discomfort associated with the process (5.9%), lack of healthcare resources (17.6%), lack of time or convivence (5.9%), and personal belief or cultural factors (29.4%). It is my hope that this quality improvement project will fuel more research on identify the views and perceptions of parents of Haitian descent regarding developmental delays, as well as identify barriers that halts them from receiving care and promote inclusive care. With this new knowledge and understanding, pediatric patients and their families will have the proper support and resources needed to reach their greatest developmental potential.

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Appendix

Appendix A: Florida International University IRB Approval Form

FLORIDA
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MEMORANDUM

To: Dr. Rosa Roche

CC: Laurie Myrtil

From: Maria Melendez-Vargas, MIBA, IRB Coordinator

Date: July 27, 2023

Protocol Title: "Exploring the Perceptions of Childhood Developmental Delays in Parents of Haitian Heritage in a Pediatric Primary Care Setting: A Quality Improvement Project"

The Health Sciences Institutional Review Board of Florida International University has approved your study for the use of human subjects via the **Expedited Review** process. Your study was found to be in compliance with this institution's Federal Wide Assurance (00000060).

IRB Protocol Approval #:	IRB-23-0407	**IRB Approval Date:**	07/25/23
TOPAZ Reference #:	112903	**IRB Expiration Date:**	07/25/26

As a requirement of IRB Approval you are required to:

1) Submit an IRB Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved by the IRB prior to implementation.
2) Promptly submit an IRB Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.
3) Utilize copies of the date stamped consent document(s) for obtaining consent from subjects (unless waived by the IRB). Signed consent documents must be retained for at least three years after the completion of the study.
4) **Receive annual review and re-approval of your study prior to your IRB expiration date**. Submit the IRB Renewal Form at least 30 days in advance of the study's expiration date.
5) Submit an IRB Project Completion Report Form when the study is finished or discontinued.

HIPAA Privacy Rule: N/A

Special Conditions: N/A

For further information, you may visit the IRB website at http://research.fiu.edu/irb.

Appendix B: Letter of Support

TO: Florida International University IRB Approval Team

FROM: Belinda Godfrey, DNP, CNS, APRN, PPCNP-BC

SUBJECT: Letter of Support for Laurie Myrtil

DATE: June 19, 2023

I'm writing this letter in support of Laurie Myrtil's application for IRB approval through Florida international University (FIU) IRB approval team, to conduct her quality improvement (QI) project. Laurie's QI project will focus on the views of Haitian parents regarding childhood developmental delays. I have recommended East Pompano Pediatrics where I am a primary care as the proposed location due to the patient population being mostly Haitian. The activities such as recruitment, consenting, and data collection will be conducted at this location m order to complete this QI project.

I have had the pleasure of being Laurie's nurse practitioner preceptor, where she has displayed professionalism, compassion, strong communication skills, and critical thinking in regard to the patients that were being cared for. One of the locations that I've precepted her at was East Pompano Pediatrics. Laurie had an instant connection with the patient population that is seen in this primary care office, which fueled her desire to find ways to help patients reach their maximum state of health. This QI project can help this this particular patient population receive more effectiveandculturallysensitivecarebytheproviderswhoarecaringforthem. It is in my hope that gathered information addresses barriers that hinder patients from receiving care, as well as factors that stop providers from delivering care regarding childhood developmental delays.

In closing, I support Laurie's pursuit of this QI project, and excited to see how this project can positively affect the community that East Pompano Pediatrics serve. For any further questions, please contact me at (954) 540-9911 or Bgodfreyx4@g111ail.co111.

Sincerely,
Belinda Godfrey DNP, CNS, APRN, PPCNP-BC
Nurse Practitioner
East Pompano Pediatrics

Appendix C : Participant Survey Questionnaire

Participant Survey Questionnaire

Participant Demographics

Please provide the following:

Race

1- Black
2- White
3- American Indian or Alaskan Native
4- Native Hawaiian
5- Asian
6- Other

Are you of Haitian heritage?

1- Yes
2- No

Are you a parent/ guardian to a child aged 5 or younger?

1- Yes
2- No

What is your age range?

1- 18-30
2- 31-45
3- 46-55
4- 56 – older

Select highest level of education

1. No schooling completed
2. Nursey to 8th grade
3. Some high school, no diploma
4. High school graduate, diploma, or GED
5. Some college, no degree
6. Trade/technical/vocational training
7. College/University
8. Associate’s degree
9. Bachelor’s degree
10. Master’s degree
11. Professional degree
12. Doctorate degree

Parent Knowledge of Child Development

Do you think you are knowledgeable about childhood developmental milestones?

1- Very knowledgeable
2- Somewhat knowledgeable
3- Neutral/unsure
4- Not very knowledgeable
5- Not knowledgeable at all

Whom do you turn to when you have questions about your child's development and/or developmental milestones?

1- Health care professionals (doctors, nurses)
2- Online sources (websites, blogs, social media)
3- Friends or family members
4- Print media (books, magazines, brochures)
5- Television or radio
6- Other (specify)

How frequently do you monitor or track your child's development?

1- Regularly
2- Occasionally (not as frequently as recommended)
3- Rarely/never

On a scale of 1-5, how confident do you feel in your knowledge of childhood Development?

1- Not confident
2- Somewhat confident
3- Moderately confident
4- Very confident
5- Extremely confident

Do you believe that having a good understanding of childhood development positively influences your parenting practices?

1- Yes
2- No
3- Not sure

Parent Methods for Obtaining Child Development Information

Do you feel it is easy to find trustworthy information on childhood development?

1- Extremely difficult
2- Somewhat difficult
3- Neither easy nor difficult
4- Somewhat easy
5- Extremely easy

What is your preferred method for receiving childhood information?

1- Health care professionals
2- Online sources
3- Friends or family
4- Print media television or Radio

Have you ever felt overloaded with information?

1- Yes
2- No

How do you typically acquire information or educate yourself about child development?

1- Family members and friends
2- Books or parenting magazines
3- Online articles or blogs
4- Parenting classes or workshops
5- Discussions with health care professionals

Parent Experiences with Developmental Monitoring

Were you aware of the concept of developmental monitoring before your child's birth?

1- Yes
2- No

How important do you consider developmental monitoring of your child's overall development?

1- Not important at all
2- Somewhat important
3- Very important
4- Extremely important

How do you primarily monitor your child's developmental milestones? (Select all that apply)

1- Pediatrician/doctor visit
2- developmental screenings/ questionnaires
3- observations at home
4- interactions with other children

5- online resources and information

How satisfied are you with the current methods available to you we're monitoring your child's development?

1. Very dissatisfied
2. Somewhat dissatisfied
3. Neutral
4. Somewhat satisfied
5. Very satisfied

Have you face any challenges or difficulties in monitoring your child's development?

1- Yes
2- No

How would you rate the availability of information and resources on developmental monitoring?

1- Very poor
2- Poor
3- Neutral
4- Good
5- Excellent

How satisfied are you with the support from health care professionals regarding developmental monitoring?

1- Very dissatisfied
2- Somewhat dissatisfied
3- Neutral
4- Somewhat satisfied
5- Very satisfied

How would you rate your overall experience with developmental monitoring of your child?

1- Very negative
2- Negative
3- Neutral
4- positive
5- very positive

What barriers, if any, have prevented you from seeking developmental monitoring for your child?

1- Lack of awareness
2- Cost

3- fear or discomfort associated with the process
4- lack of access to healthcare resources
5- Lack of time or convenience
6- personal beliefs of cultural factors
7- Other:

Appendix D : Informational Letter in Haitian Créole

LÈT POU ENFÒMASYON

Eksplorasyon Enpresyon sou Reta nan Devlopman Timoun piti kay Paran Orijin Ayisyen nan yon Anviwònman Swen Jeneral Pedyatrik: Yon Pwojè Amelyorasyon Kalite

Alo, non mwen se Laurie Myrtil. Yo mande w pou w patisipe nan yon etid rechèch sou enpresyon paran orijin ayisyen yo genyen sou reta nan devlopman timoun piti yo. Objektif etid sa a se pou eksplore opinyon ak enpresyon reta nan devlopman kay paran orijin ayisyen yo. Si w deside pou w patisipe nan etid sa a, ou pral youn nan 25 moun ki nan etid rechèch sa a. Patisipasyon nan etid sa a pral pran 20 nan tan ou. Si w dakò pou w patisipe nan etid la, mwen pral mande pou w fè bagay ki pral site la yo:

1. Egzamine yon lèt enfòmasyon sou etid la ke ou pral resevwa lè timoun ou anrejistre pou vizit swen jeneral li.
2. W ap resevwa yon kesyonè pou w ranpli ansanm ak demografik patisipan yo.
3. Pèsonèl la pral kolekte kesyonè yo epi yo pral fèmen yo ak kle nan yon bwat nan kabinè swen jeneral la pandan twa semèn, epi apresa chèchè a pral kolekte yo pou l egzamine rezilta yo.

Pa gen okenn risk oswa avantaj previzib pou ou lè w patisipe nan etid sa a. Yo prevwa etid sa a pral benefisye sosyete a lè li:

- Gide founisè swen sante yo pou yo konprann enfliyans kilti ayisyèn lan sou opinyon ak enpresyon paran yo genyen sou reta nan devlopman timoun piti yo.
- Pèmèt founisè yo bay pasyan swen yon fason efikas ak apwopriye pou pasyan kilti ayisyèn yo epi idantifye baryè ki genyen pou yo bay swen konsènan reta nan devlopman timoun piti yo.

Pa gen okenn frè ni peman pou ou pou patisipasyon. Si w gen kesyon pandan w ap patisipe, tanpri kanpe m epi poze yo.

Ou pral rete anonim.

Si w gen kesyon pou youn nan chèchè k ap fè etid sa a, ou ka kontakte Laurie Myrtil nan (786) 612-5590 oswa lmyrt003@fiu.edu.

Si ou ta renmen pale avèk yon moun sou dwa ou antanke patisipan nan etid rechèch sa a oswa sou pwoblèm etik avèk etid rechèch sa a, ou ka kontakte Biwo FIU pou Onètete Rechèch (FIU Office of Research Integrity) nan telefòn nan 305-348-2494 oswa nan imèl nan ori@fiu.edu.

Patisipasyon w nan rechèch sa a volontè, epi ou p ap resevwa okenn sanksyon ni pèdi okenn avantaj si w refize patisipe oswa ou deside sispann patisipasyon w. Ou gendwa konsève yon kopi fòm sa a pou achiv ou.

Appendix E : Informational Letter in English

FLORIDA
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INFORMATIONAL LETTER

Exploring the Perceptions of Childhood Developmental Delays in Parents of Haitian Heritage in a Pediatric Primary Care Setting: A Quality Improvement Project

Hello, my name is Laurie Myrtil. You have been asked to be in a research study about the perception of parents of Haitian Heritage in childhood developmental delays. The purpose of this study is to explore the views and perceptions of developmental delays in parents of Haitian Heritage. If you decide to be in this study, you will be one of 25 people in this research study. Participation in this study will take 20 of your time. If you agree to be in the study, I will ask you to do the following things:

4. Review an informational letter about the study which will be given to you when your child is checked-in for their primary care visit.
5. A questionnaire including participant demographic will be given to be fill out.
6. Questionnaire's will be collected by staff and locked away in a box in the primary care office for three weeks, and then collected by the investigator to review results.

There are no foreseeable risks or benefits to you for participating in this study It is expected that this study will benefit society by:

- Guide health care providers in understand the influences of Haitian culture on the views and perception that parents have regrading childhood developmental delays.
- Allow providers to provide appropriate care effectively and adequately to patients of Haitian culture and identify barriers to providing care regarding childhood developmental delays.

There is no cost or payment to you for participating. If you have questions while taking part, please stop me and ask.

You will remain anonymous.

If you have questions for one of the researchers conducting this study, you may contact Laurie Myrtil at (786) 612-5590 or lmyrt003@fiu.edu.

If you would like to talk with someone about your rights of being a subject in this research study or about ethical issues with this research study, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. You may keep a copy of this form for your records.