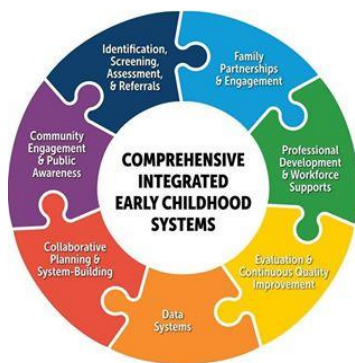


Florida ECCS State and Local Travel Teams – Learning Session #1 Focus Group Summary Report

Introduction

The Early Childhood Comprehensive Systems (ECCS) Impact Grant is a 5 year initiative devised by the Health Resources and Services Administration (HRSA) of the Maternal and Child Health Bureau (MCHB). In all, the project aims are to improve the acquisition of age-appropriate skills in children ages 0 to 3 and maternal health and well-being via the Collaborative Innovation and Improvement Network (CoIIN) approach. This approach acknowledges the importance of “stealing shamelessly,” or sharing ideas and stories related to the initiative, to enhance implementation and in turn, enhance overall outcomes.



Within an initial national cohort of 15 states, the Florida ECCS project seeks to build upon preexisting initiatives in two place-based communities (New Town Success Zone, Jacksonville and Liberty City, Miami). By the end of the five years, all grant recipients aim to achieve a 25% increase in the age-appropriate skills in three year old children across the two communities. Through the state and two community level teams, Florida ECCS is positioned to sustainably improve the well-being of young children and their families. The ECCS evaluation measures the development of community partnerships using a social network survey (PARTNER Tool) and focus groups.

In January 2017, at the first national learning session in Arlington, VA, a discussion among the state implementation team and community ECCS leaders from the two Florida place-based communities was recorded as part of the evaluation. These participants included project managers and directors, data managers, Help Me Grow representatives, community center staff, and parent partners. After reviewing the overall aim on the first day of the learning collaborative, the group explored the drivers identified for discussion. Drivers are factors that serve to catalyze change based on an overall goal; in this case improving outcomes in three year olds by 25%. Where the overall goal is broad in reach, the primary drivers (PD) identify specific areas of intervention and secondary drivers (SD) delineate more specific mechanisms in which to place emphasis with regard to intervention. After considerable discussion, the focus group participants identified primary driver two (PD2) “Family Engagement” and secondary driver three (SD3) “Build trusting relationships between families and professionals” as most suitable to initiate community interventions.



Stakeholders also considered secondary driver two (SD2), “Families have the necessary support to access, navigate and promote the developmental health,” as some thought this would better fit the aim of the initiative and the needs of the communities. For example, it was argued that this driver better facilitates increased awareness of social-emotional development. In the selection process the needs and wants of community members was the focal point and the stakeholders identified important aspects to consider in their work. Mechanisms and interventions that could impact trust and engagement were identified; for example, discrimination. Quantitative and qualitative scales that could be utilized to measure progress was reviewed; for example, focus groups. In the final phase, stakeholders discussed how collaboration could continue across the two communities through in person meetings, conference calls, and online meetings.

Selection of Primary Driver

The stakeholders in New Town and Liberty City explored the same PD for their initiatives. Stakeholders in both neighborhoods were asked to rate the PDs on a 5 point rating scale regarding community priority and community ability (0 lowest to 5 highest). New Town rated primary driver three, “Address social determinants of health” (PD3), as a 5 on both priority and ability. Family engagement, or primary driver two (PD2), was rated as a 5 for priority and 4 on ability. A stakeholder from New Town explained their ratings:

“We looked at P3 [addressing social determinants of health] as being highly important than P2[family engagement] In looking at P3, that’s something that we saw that can be done at the community, local level from that perspective where we have a level of influence and more importantly, a place where parents/caregivers, family members could be very influential in regards to change...”



Liberty City rated primary driver three which aims to meet the overall goal by addressing social determinants of health (PD3) as a score of 4 for ability and priority, and primary driver two (PD2) which places emphasis on family engagement was rated 5 for priority and 3 for ability.

The communities discussed how primary driver three (PD3, Address social determinants of health) best fits the aim of the initiative which is to reach at least a 25% increase of children ages 0-3 with age appropriate skills by 2021. A participant stated: “...primary driver three talks about addressing social determinants of health, needs, stressors, supporting families, minimizing risk, and maximizing healthy development... I can’t think of many things much more stressful than having an infant.” Another participant cited having a newborn in the house as “an extremely vulnerable time,” and found that the intervention emphasis is “more about birth to one...that’s more about the parents and the family, and the home manage that. It keeps some stability there...” Some stakeholders thought family engagement (PD2) was a better fit for the community initiatives and community members.

One respondent mentioned that the stakeholders should be mindful of what the communities want because “what’s most important to them was around the social

determinants of health.” Others mentioned the emphasis on family engagement (PD2) is strengths focused, considering motivations, talents and positive aspects of the family. The strengths based approach was nicely demonstrated when one focus group participant said the following: “Skills recognized and capitalized upon for the family. Because that’s good, you’re going in from the positive aspect of building up. This is the strength you already have, this is kind of what you’re missing, so we add this piece and you got us all a foundation.” The stakeholders in both communities decided to pursue family engagement (PD2) and build trusting relationships between families and professionals (SD3).

Social Emotional Development, Family Engagement (PD2) and Building Trust (SD3)

The selection of family engagement (PD2) and building trusting relationships (SD3) spurred a discussion of how the drivers relates to social emotional development. The discussion was initiated because of the potentially disparate focus of an aim with a socioemotional basis in comparison to the overarching aim family engagement. While some participants argued the socio-emotional domain was still the place to start intervention as it not only builds trust in oneself but also because socio-emotional development cannot be disentangled from all other aspects of life, another respondent stated that emphasis should be focusing on “the relationship,” and so the aim should be adjusted.

Primary Driver
Family engagement
Secondary Driver
Building trusting
relationships

Building Trusting Relationships between Families and Professionals

To start the initiatives, the communities discussed how they could promote trust between families and professionals. Several options were discussed and they included:

1. Offering providers professional development that enable them to engage in behaviors that enhance trust, like active listening
2. Conduct meetings in which parents and providers meet jointly to allow transparency in the goings-on of the community, thus building trust
3. Bringing in partners, including parents, on the ECCS improvement team to identify trust building interventions
4. Developing a list of things the professionals should do to initiate trust
5. Adjusting the services based on various parent characteristics like whether new or returning parents
6. Ensuring the time parents spend in engagement programming is worthwhile
7. Creating services for parents already involved in programming

Measuring Trust

To identify changes in the level of trust in the communities, several ideas were discussed. A couple of participants suggested utilizing standardized measure for trust. A participant suggested the number of attendants at meetings between providers and families indicate “a residual level of trust or indicator of trust.” Another participant said: “...I liked what you just said about bringing other partners, those that are in your improvement team to figure out how we can build trust...” The stakeholders agreed that it would be best to build on meetings that already exist: “...said, let’s just start with one meeting and invite parents to it, and see if we can all have a group discussion to build some trust. That’s doable.” Another participant pointed out that, in addition to attendance, inclusion and participation in

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meetings also build and serve as indicators of trust: “Because you are wasting my time if I’m just sitting there. That’s a waste of my time. If I’m sitting there and I’m part of the conversation and the dialogue, then yes, this is a value added.”

Other suggestions to assess trust were to ask parents to rate their level of trust, have organizational members rate trust, conduct focus groups with parents to identify why there is distrust and develop a measure based on this information, and to collect information from parents about trust in particular anchor organizations in the community (the “word on the street”). A participant said: “Word of mouth travels faster.” Another group member responded followed up with a statement saying: “...They’re stressed out. They’re just trying to navigate the system. “I don’t have time to Yelp. I might not have time.” All I can do is call my friend and say, “Hey, your baby had the same thing. How did that work for you?”



Questions to ask individuals could include whether community members feel certain organizations are competent, trustworthy, respectful, and consistent in their messaging, information, and follow through with families. Another suggested question was where those individuals interviewed would feel comfortable referring a family member or friend.

Theories of the Origination of the Lack of Trust

The focus group participants identified potential reasons a lack of trust exists within the two communities. One participant suggested asking families “what they define as trust.” By engaging in this line of questioning the evaluation would ascertain familial perceptions of trust and their trust in community agencies, but also “uncover some issues” leading the weariness observed in parents. Another participant suggested that distrust might be related to what service providers are not doing. For instance, a parent liaison participant stated, “If I reach out to contact you because I need something from you, but you don’t contact me back, that’s immediately... affecting trust.” This participant continued to discuss the importance of consistency. She further illustrated this point by discussing her visit to the pediatrician.

“...I’m thinking, when we’re talking about systems, they’re consistent. I don’t like to go to any place and see somebody new... My pediatrician’s office is a practice, I don’t want to see anybody but my pediatrician. I don’t want to deal with anybody but my nurse, Jessica. Everybody else may be great, [but] that helps me build trust because I can call you, you know what’s going on...”

She also mentioned that if a system is “consistent in what it does” the cultivation of “trust does begin” and that trust commences at the interpersonal level prior to developing “organizational trust.” Agreeing with the sentiment, another focus group participant stated the importance of self-efficacy among parents in navigating systems of care within the communities. This is quite nicely demonstrated by the following:

“I want to see communities grow... I want to see a level of growth too with people within my community, and say that even if people change, you know what you need to do because you know how to navigate the system, and you know how to advocate within the system...I agree knowing the people [who work in community agencies], but also teaching them [parents] to feel as though ‘that if I know what I need to do, no matter

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who's there, I know what I need to do'...Because change is constant, and that is sometimes what paralyzes individuals within my community. Something happens, somebody died, everything stops. You can't do that, you've got to keep on moving. Yes, we've got to deal with it, but we've also got to keep moving within a process."

Incorrect information, social determinants, inconsistent behaviors and lack of empathy were other theories behind the distrust of service providers within each. One participant mentioned that all of the "-isms" are relevant in the lack trust between providers and individuals within the community and include the -isms related to race, gender, and sexual orientation. This statement was expanded on with the comment "you're talking about both of our communities, larger African-American communities, both New Town and Liberty City, they experience racism and most of their providers are not going to look like them."

One participant pointed out that there is a lack of empathy in some service providers, stating that perhaps, "they were never sensitized to start with." Additionally, "word of mouth" and experiences with the system were discussed as factors influencing trust. Several participants across the two cities stated that if one person in the area finds a service a "waste of time," it was less likely that they would use the service and highly likely that they would tell their friends and family about their negative experience. Time and access to child care were presented as an alternative theory as to why parents do not access necessary services. Due to scheduling conflicts associated with working and lack of child care in the evenings, the issues may also be related to low service utilization in addition to community trust issues.



Secondary Driver 2

The focus group ended with discussion on the secondary driver. Some stakeholders believed that SD2 "Families have support necessary to access, navigate, and promote the development health of their children" would be a more appropriate drive. Some stakeholders argued that parents might not understand the terminology for social emotional needs and that their knowledge of when and where to seek services for social emotional needs might be a bigger problem than trust. Regarding the statement of a parent's lack of understanding of socio-emotional needs, one participant stated:

"I think we've got to be careful when we say {parents} don't know what socio-emotional development needs are. They may not know the terminology, but they know what it looks like for them in their households...I agree that we just need to be able to give them an open dialogue to address and discuss how they feel...I mean parents know. I knew something was wrong. There's something wrong there, but you sometimes don't know where to go."

Many of the participants agreed lack of knowledge regarding terminology does not necessarily equate to an inability to identify potential problems in one's children. It was also agreed that knowing that a problem exists does not equate to knowing how to appropriately navigate services.

Continued Collaboration

Towards the end of the focus group, many of the participants mentioned the importance of maintaining momentum of implementing and evaluating intervention with each of the communities. In addition to meetings and learning sessions, scheduled phone calls were also deemed potential avenues to collaborate and maintain progress. Face to face collaboration between the communities and the evaluation team was preferred among some participants to maintain the momentum gained by attending the meeting, "... for me with the calls, I find myself - the connection's not the same... sometimes the connection's not the same from that perspective [in-person vs. via conference call]." Additionally, a participant mentioned the value in the having community stakeholders meet at "a midway point [across the state] and bring even more team members to be part of the process... and really dive even deeper in regards to the work and really steal from each other... some of the best practices."



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