Barriers to Service Utilization Among Immigrant Families Participating in the Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Program

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Disclosure Statement

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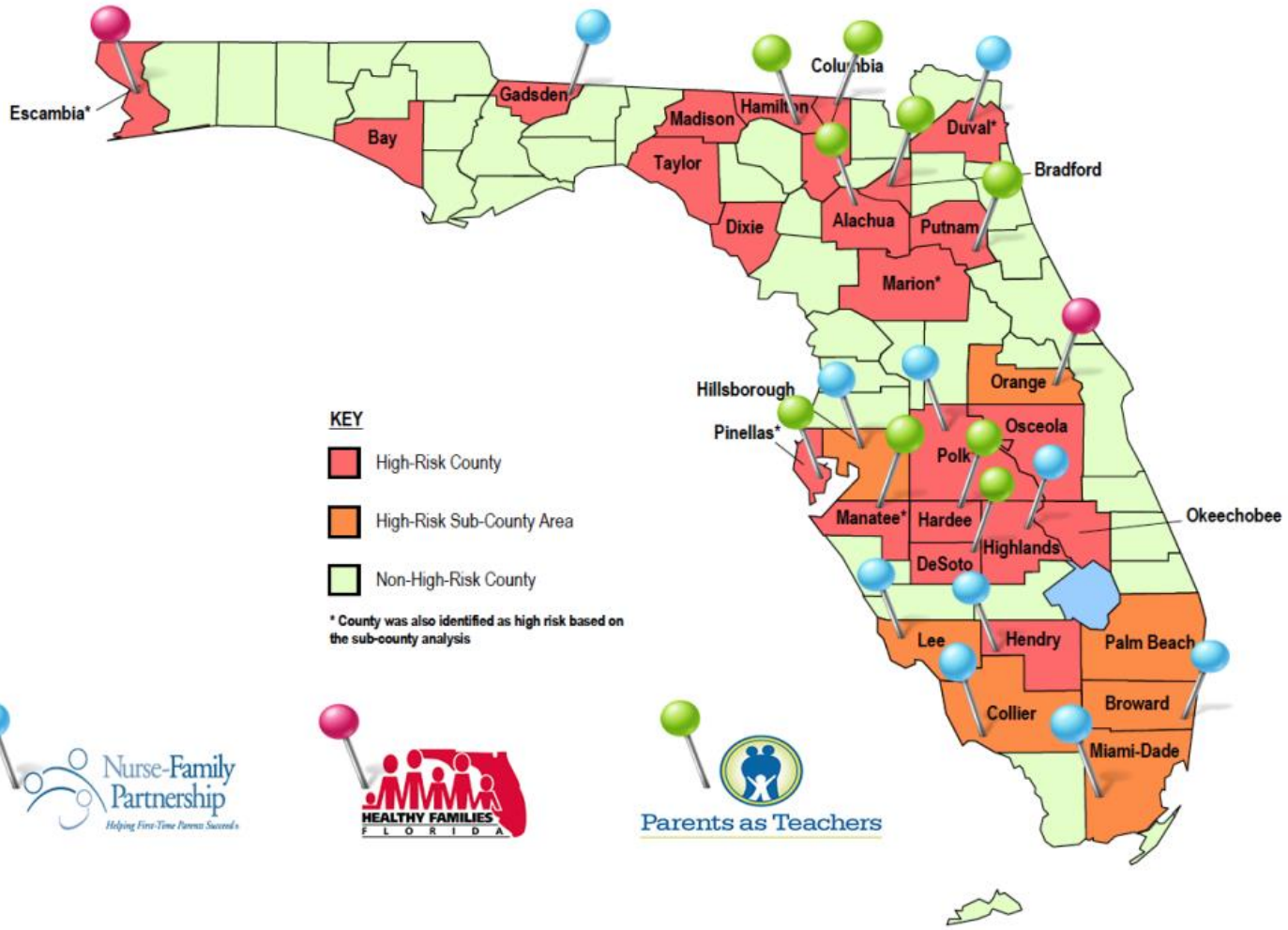
“No relationships to disclose”

Home Visiting

- **Service delivery mechanism**
  - Implemented in the individuals' homes
  - Used across many disciplines for prevention or intervention
  - Reaches individuals from pregnancy through old age
- **Maternal, infant, & early childhood home visiting (MIECHV)**
  - Affords the opportunity to build a supportive & continuing one-to-one relationship between visitor & parent
  - Promotes adult & parenting growth & change



MIECHV-Funded Programs



MIECHV Benchmarks

- Maternal & newborn health outcomes
- Child injuries, abuse, neglect, or maltreatment & reduction of emergency department visits
- School readiness & achievement
- Crime or domestic violence
- Family economic self-sufficiency
- Coordination & referrals for other community resources & supports



MIECHV Overview

- **3 program models were selected by communities based on local needs:**
  - Nurse-Family Partnership
  - Parents as Teachers
  - Healthy Families Florida
- **Programs are implemented by:**
  - Local Healthy Start Coalitions
  - Hospitals
  - Federally-qualified health centers
  - Other community-based organizations



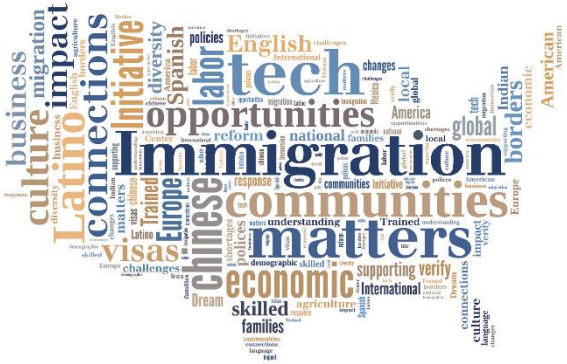


Parents as Teachers™



Background

- **Immigration accounts for nearly 13% of the population in the U.S.**
- **Immigrants, both legal & undocumented, face barriers to needed healthcare & social services:**
  - Social & physical isolation
  - Economic hardship
  - Compounded by linguistic factors



Background

- **Home visiting programs, such as MIECHV:**
  - Offer personalized approaches to delivering a range of intervention strategies & services
  - Expand the roles of home visitors to more appropriately serve the population



MIECHV Families

- **Florida MIECHV has served a culturally diverse population of 817 participants:**
  - 52% non-White
  - 21% Hispanic
  - 13% primarily Spanish speakers
  - 3% primarily Haitian-Creole speakers



Methods

- **Exploratory in-depth interviews & focus groups were conducted with MIECHV program staff to address:**
  - Program strengths
  - Families' needs
  - Factors impacting retention
- **81 total staff from the MIECHV programs included:**
  - 17 administrators
  - 15 supervisors
  - 49 home visitors

Data Analysis

- Transcriptions checked for accuracy
- Themes were identified
- Inter-rater reliability consensus was reached



Major Themes

Access to Healthcare Services

Social & Physical Isolation

Trust

Unsolicited Finding

- **MIECHV programs in 8 of 14 communities commented on undocumented & legal immigrant clients served.**
- **Hispanic & Haitian immigrants served in many MIECHV programs experience particular challenges due to:**
  - Language barriers
  - Legal status
  - Limited access to resources
  - Social isolation
  - Mistrust of formal systems

Access to Healthcare Services

"…because some of them are undocumented, and some of them don't speak the language. I find that most of my families have difficulties getting healthcare, like insurance or some type of assistance to be able to go to the prenatal visits…"

Access to Healthcare Services

"…It's not only through pregnancy, but once they have the baby they struggle again trying to get that for the baby, and because communication is the key and you're there calling for them, trying to get what they really can't do for themselves yet. To me, that's the big issue, big part, what they need."

– Home Visitor

Social & Physical Isolation

- **Due to:**
  - Limited English proficiency
  - Lack of phone or transportation
  - Residence in fragmented or dispersed communities
  - Fear of reaching out to formal services

"I have a lot of moms that they don't have cellphones. They stay at home all day with no phone at all because the dad is working so he takes the cellphone with him. So, I think that's the biggest issue."

– Home Visitor

Trust

"I mean the relationship is I think strong, I think once they develop, especially the Hispanic, the migrants, once they develop a trust in the educator then they start opening up and start letting to educate or know what they need or what's going on in their lives..."

Trust

"…In the very beginning, they're usually reluctant until they build that trust… when I go out and I work with a lot of younger participants, once they know who they can trust and tell me things and it's confidential and that I can help them, then that relationship becomes very strong relationship."

– Home Visitor

Home Visitors as Trusted Confidants

Commission of Social Determinants of Health / Socioeconomic & Political Context

Social Isolation

Physical Isolation

Economic Hardship

Fear/Mistrust

Trusting Relationships

Skilled Case Management

Systems Navigation

Social Intervention Model / Social Capital

Family



Access to Healthcare & Social Services

Family & Child Health Outcomes

Home Visitor



Discussion

- **MIECHV programs address the barriers of mistrust, fear, & primary language by:**
  - Hiring staff that speak the language & relate to the client
  - Hiring staff who are skilled case managers & are familiar with the resources available to immigrant families
  - Building strong trusting relationships with their clients

Discussion

- **Home visitors proactively act as ambassadors on the families behalf by:**
  - Making the phone calls for referral services
  - Navigating them through the healthcare system





Discussion

- **MIECHV has a tremendous opportunity to contribute to its key goals of:**
  - Serving high risk families
  - Improving maternal & child health
- **Outreach & service delivery need to be tailored to the unique needs of immigrant families in these Florida communities.**

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Thank You!

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