

MIECHV Collaboration Analysis Update



**MATERNAL, INFANT, AND EARLY
CHILDHOOD HOME VISITING
PROGRAM EVALUATION
JANUARY 2015**



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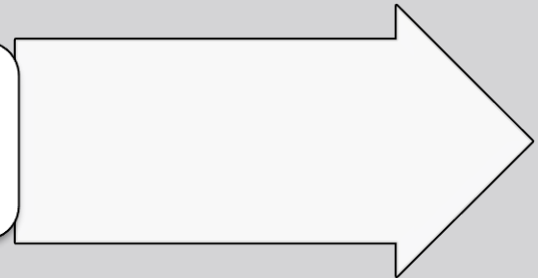


Research Questions

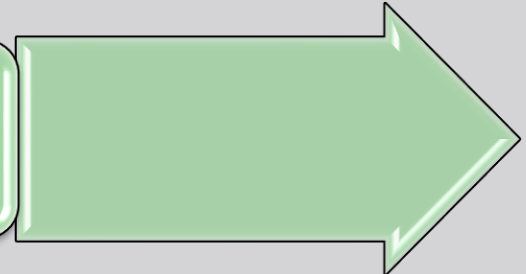


- Did the MIECHV program...

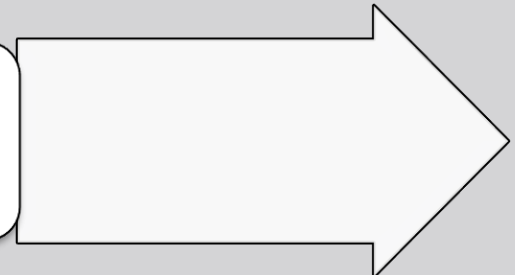
1. Impact participant outcomes in Florida?



2. Contribute to collaboration and systems development at the state and community levels?



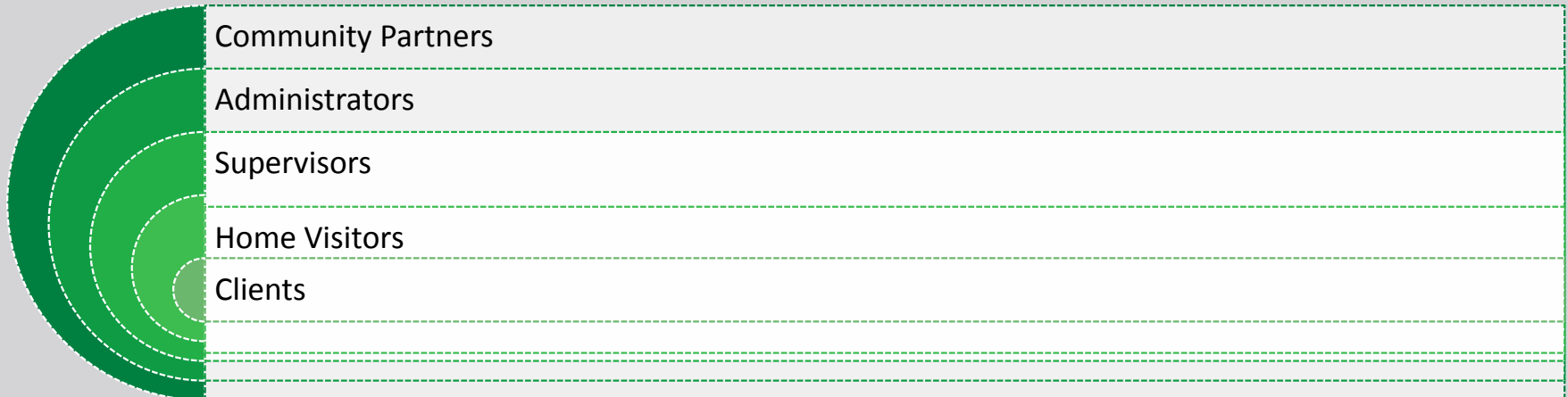
3. Demonstrate a return on investment?



Collaboration and Systems Development



- In each community, we conduct:
 - The online Program to Analyze, Record, & Track Networks to Enhance Relationships (PARTNER) survey to describe and measure collaboration among community partners/agencies
 - Interviews and focus groups with clients, home visitors, supervisors and administrators to better understand survey responses and perceptions about how programs are being implemented and services provided



Preliminary Findings



**THE PARTNERTOOL:
ASSESSING COLLABORATION**

Methods



- The evaluation team modified the PARTNERTOOL to reflect the MIECHV program and pilot tested the modified survey.
- Program administrators from each county identified community partners/agency representatives in their community.
- Surveys were administered to all identified participants in each of the 11 Florida MIECHV programs:
 - Alachua
 - Bradford & Putnam
 - Broward
 - Duval
 - Escambia
 - Hillsborough
 - Manatee
 - Miami-Dade
 - Orange
 - Pinellas
 - Southwest

Participants



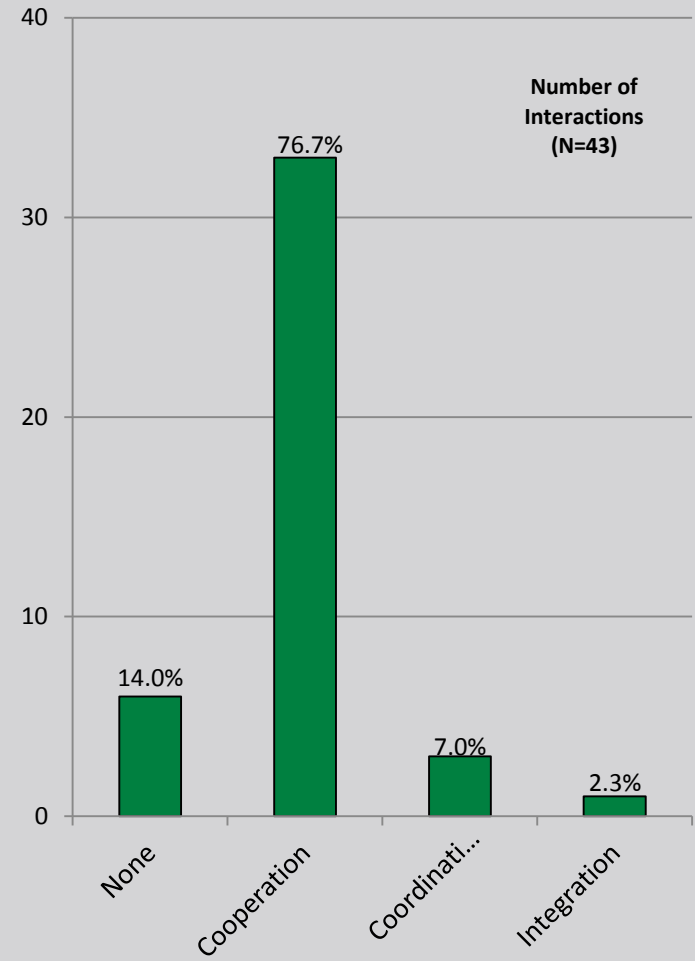
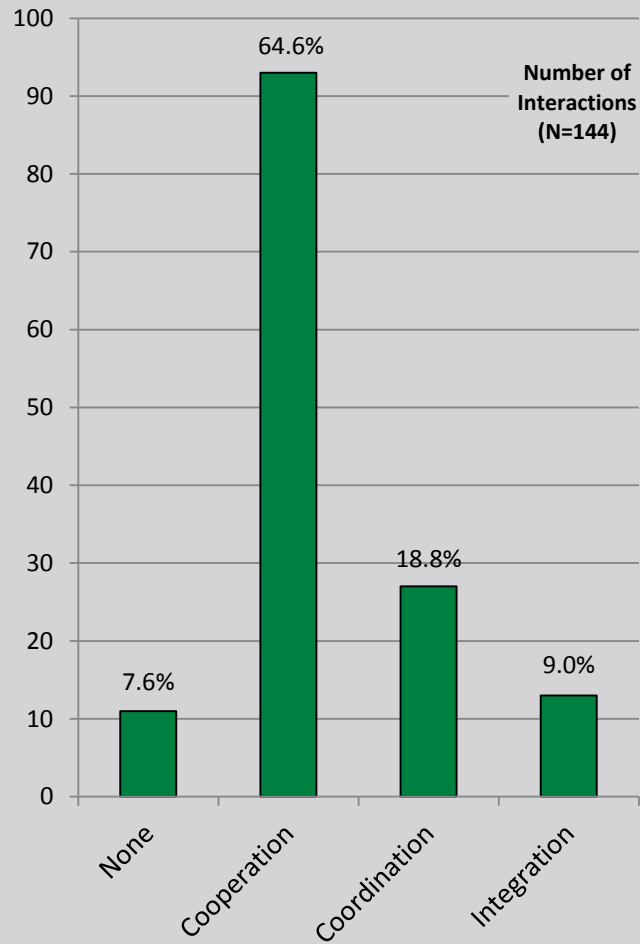
Community	Number of Participants	Response Rate (%)
A	17/18	94%
B	10/13	77%
C	5/6	83%
D	11/11	100%
E	13/17	76%
F	9/18	50%
G	8/13	62%
H	20/21	95%
I	17/23	74%
J	6/7	86%
K	4/5	80%
L	11/15	73%

Level of Collaboration



- **None**
- **Cooperative Activities:**
 - Involves exchanging information, attending meetings together, and offering resources to partners
 - ✦ Example: Informs other programs of RFA release
- **Coordinated Activities:**
 - Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs
 - ✦ Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection
- **Integrated Activities:**
 - In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas
 - ✦ Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined

Level of Collaboration

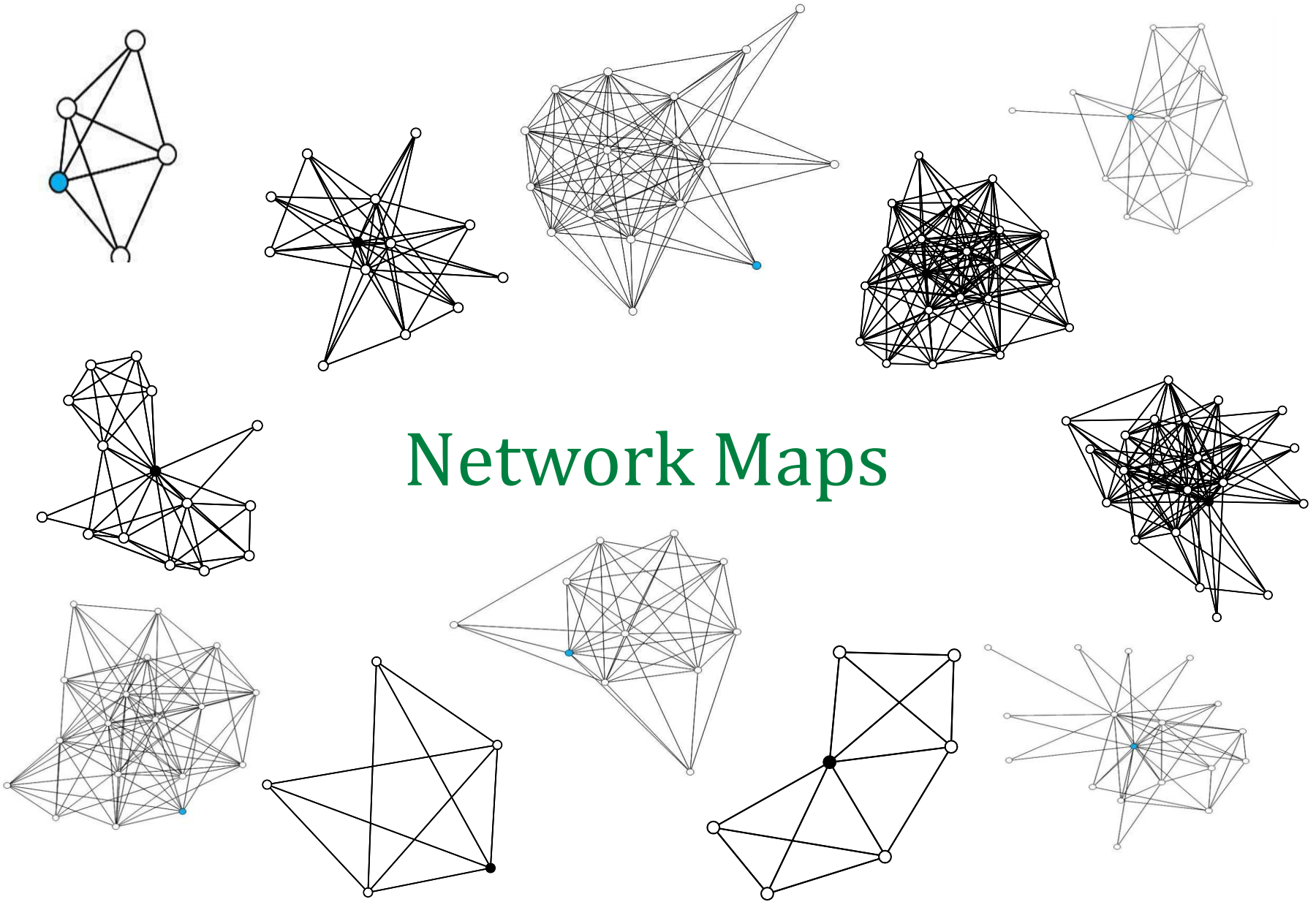


Results: Network Maps



- Each organization that responded to the survey is represented as a dot.
- The lines between each organization represent a relationship between those organizations. Thicker lines represent stronger ties.
- The home visiting agency in each community is represented by the blue dot. Other service sectors can be represented with other colors.

Network Maps



Sample Network Density and Trust Scores



Community	Density Score (%) Range 31-90%	Trust Score (%) Range 76-93%
A	62%	82%
B	45%	79%
C	43%	96%
D	78%	92%
E	66%	81%
F	31%	81%
G	56%	81%
H	67%	76%
I	47%	75%
J	62%	93%
K	90%	76%
L	42%	78%

The Most Important Outcomes of the MIECHV Program as Reported by Community Partners



- 1. Improved maternal and newborn health**
- 2. Improved services for children and families in high-need communities**
- 3. Community support for the health and well-being of children and their families**
4. Improved communication among agencies and organizations interested in the health and well-being of children and their families
5. Improved school readiness and achievement

Note: Not shown on the followings table - zero responses selected for the following options across all counties: increased knowledge sharing; policy, law, and/or regulation; reduced crime and intimate partner violence

	A	B	C	D	E	F	G	H	I	J	K	L	All Counties (n = 124)
Improved maternal and newborn health	17.6% (3)	22.2% (2)	62.5% (5)	100% (3)	9.1% (1)	40% (8)	6.3% (1)	50% (3)	25% (1)	41.7% (5)	62.5% (5)	70% (7)	35.5% (44)
Improved services for children and families in high-need communities	35.3% (6)	33.3% (3)	25% (2)	-	54.5% (6)	25% (5)	12.5% (2)	33% (2)	50% (2)	41.7% (5)	12.5% (1)	20% (2)	29% (36)
Community support for the health and well-being of children and their families	5.9% (1)	22.2% (2)	-	-	27.3% (3)	5% (1)	6.3% (1)	-	-	8.3% (1)	12.5% (1)	-	8.1% (10)
Improved communication among agencies and organizations interested in the health and well-being of children and their families	-	11.1% (1)	-	-	9.1% (1)	5% (1)	25% (4)	-	-	-	-	-	5.7% (7)
Improved school readiness and achievement	-	11.1% (1)	-	-	-	-	18.8% (3)	-	25% (1)	8.3% (1)	-	-	4.8% (6)
Health education services, health literacy, educational resources	17.6% (3)	-	12.5% (1)	-	-	-	6.3% (1)	-	-	-	-	-	4% (5)
Reduction of health disparities	11.8% (2)	-	-	-	-	15% (3)	-	-	-	-	-	-	4% (5)
Improved resource sharing	-	-	-	-	-	10% (2)	-	16.7% (1)	-	-	12.5% (1)	-	3.2% (4)
Increased coordination and referrals for other community resources	5.9% (1)	-	-	-	-	-	12.5% (2)	-	-	-	-	-	2.4% (3)

Aspects of Collaboration that Contribute to MIECHV's Success



- 1. Exchanging information/knowledge**
- 2. Having a shared mission, goals**
- 3. Sharing resources**
- 4. Bringing together diverse stakeholders**
5. Informal relationships created
6. Meeting regularly
7. Collective decision-making

	A	B	C	D	E	F	G	H	I	J	K	L	All Counties (n = 131)
Exchanging information/ knowledge	58.8% (10)	80.0% (8)	20.7% (6)	80.0% (4)	72.7% (8)	16.8% (16)	19.5% (15)	12.5% (3)	33.3% (3)	69.2% (9)	66.7% (6)	24.2% (8)	73.3% (96)
Having a shared mission, goals	70.6% (12)	60.0% (6)	20.7% (6)	60.0% (3)	81.8% (9)	16.8% (16)	16.9% (13)	20.8% (5)	33.3% (3)	15.4% (2)	33.3% (3)	27.3% (9)	66.4% (87)
Sharing resources	52.9% (9)	70.0% (7)	20.7% (6)	80.0% (4)	90.9% (10)	12.6% (12)	19.5% (15)	16.7% (4)	0% (0)	61.5% (8)	33.3% (3)	24.2% (8)	65.6% (86)
Bringing together diverse stakeholders	64.7% (11)	50.0% (5)	6.9% (2)	80.0% (4)	63.6% (7)	14.7% (14)	10.4% (8)	16.7% (4)	11.1% (1)	61.5% (8)	66.7% (6)	3.0% (1)	54.2% (71)
Informal relationships created	58.8% (10)	50.0% (5)	3.4% (1)	60.0% (3)	36.4% (4)	12.6% (12)	11.7% (9)	8.3% (2)	22.2% (2)	42.2% (6)	55.6% (5)	9.1% (3)	47.3% (62)
Meeting regularly	29.4% (5)	50.0% (5)	10.3% (3)	40.0% (2)	54.5% (6)	12.6% (12)	10.4% (8)	16.7% (4)	0% (0)	23.1% (3)	55.6% (5)	6.1% (2)	41.9% (55)
Collective decision-making	35.3% (6)	40.0% (4)	17.2% (5)	40.0% (2)	0.09% (1)	13.7% (13)	11.7% (9)	8.3% (2)	0% (0)	38.5% (5)	11.1% (1)	6.1% (2)	38.2% (50)

Summary



- Community agencies report a varying of levels of collaboration with their partners; most work cooperatively.
- Networks vary in size and density, but all show ties and trust within the community.
- Most partners agree on most important outcome of MIECHV:
 - Improved services for children and families in high need communities
 - Improved maternal and newborn health
- Aspects of collaboration that most contribute to MIECHV success include:
 - Exchanging information/ knowledge
 - Having a shared mission, goals
 - Sharing resources
 - Bringing together diverse stakeholders
- Next steps: Repeat survey in 2015 to describe any changes in collaboration

Preliminary Findings



**ADMINISTRATOR,
SUPERVISOR,
AND HOME VISITOR
INTERVIEWS AND FOCUS GROUPS**

Participants



- 81 participants from 11 programs were interviewed
 - 32 total interviews and focus groups
 - 17 program administrators
 - 15 program supervisors
 - 49 home visitors



Administrator, Supervisor, and Home Visitor Interviews and Focus Groups



- Goals:
 - give greater depth and context to the results of the PARTNER Tool analysis
 - provide additional information about services that are being provided, received, and most needed in each community
 - enrich data from ETO and quarterly reporting systems
 - provide information on how individuals discuss the home visiting programs and their collaborations in the community
 - provide important feedback on the overall MIECHV program and evaluation

Results: What do you consider to be the biggest strength of the program?



Administrators

- Great communication between staff
- The staff: well-trained, knowledgeable, and experienced
- Strong support from the community
- Visiting the home, making it convenient for clients

Supervisors

- Utilizing an evidence-based, family-focused prevention program model that provides positive outcomes
- Having a knowledgeable, well-trained, and experienced group of home visitors (i.e., bachelor's or nursing degree) who are well-informed about their clients and understand their needs
- Providing the home visitors with the resources necessary to help their clients
- Building great communication and collaboration among staff

Home visitors

- Helping the clients accomplish goals by building and establishing a relationship with them
- Providing support and mentorship to empower the clients to set goals, become self-efficient, and accomplish those goals
- Providing families with the resources they need
- Making a difference in the lives of the families and seeing them grow through the process

"I think the staff, really, and their commitment to their clients is the biggest strength. I think their experience and what they bring in terms of their professional skills and their commitment and dedication to see their families' progress and stick to them. I think that's our biggest strength."

Results: What are the most important outcomes of the program?

Supervisors & Home Visitors

- family self-sufficiency
- birth and perinatal outcomes
- childhood maltreatment prevention
- child development
- parent-child bond
- discipline tactics
- family planning
- breastfeeding rates
- parent mental-health
- immunization rates
- self-efficacy

Administrators

- increased participants' knowledge, attitudes, and understanding of healthy relationships
- achievement of family stabilization
- development of a well-functioning parent-child relationship
- self-sufficiency
- empowerment in the family to achieve goals

"[The most important outcome of the MIECHV program is] self-empowerment, because it's hard for [participants] to realize, "Hey, this is my life. I can actually choose to do this and not do that and get this in return: a better outcome, a better life, a better well-being."

Summary



- All sites recognized the strengths of the programs that come from
 - Highly trained and competent staff
 - Organizational and community collaboration and support
 - The unique aspects of the MIECHV programs and services that contribute to both child and parent outcomes
- Program staff provided tremendous insight into
 - Community context
 - Organizational context
 - Family context

Preliminary Findings



INTERVIEWS WITH CLIENTS

Participants



- Telephone interviews were conducted with 45 clients from Cohort 1, six counties
- The majority of participants were:
 - Female (96%)
 - Single (71%)
 - Under age 25 (53%)
 - Unemployed but job searching (40%)
 - Did not have a college degree (22% less than HS, 36% HS diploma)
 - Black (44%) or White (40%) and 13% identified as Hispanic.
- *How did you get involved with the home visiting program?*
Referrals from:
 - Doctor's office
 - Public program, such as WIC
 - The hospital
 - Friend/family member
 - Court-ordered

Results



- *What happens during a home visit?*
 - Discussions and activities focused on:
 - ✦ First, second, and third trimester milestones
 - ✦ Child health and development
 - ✦ Family life and personal issues
 - Goal setting
 - Referrals to community services
- *Who is present?*
 - Most women reported being by themselves with their babies.
 - At times, fathers or grandmothers of the children were present, but participation varied. Other family members, including other children, also participate at times
 - Clients report that friends and distant relatives are particularly enthusiastic about participating in the home visit.

Results: What part(s) of the home visit have been most helpful to you so far?



Emotional Support	Maternal Education	Resources	Childhood Learning & Development	Goal Setting	Convenience
<ul style="list-style-type: none">• The home visitors being personable, relatable, and easy to talk to• The home visitors giving advice and support about other parts of life besides the child/ pregnancy• Stress management	<ul style="list-style-type: none">• Lessons on safety, parenting techniques, and how to interact and communicate with child• Material is a good reminder of some things that may be more common sense• Covering new topics each visit	<ul style="list-style-type: none">• Providing formula or diapers when needed• Referrals for food, clothes, or job opportunities• Referrals for other services	<ul style="list-style-type: none">• Maternal and childhood nutrition advice to help child's development• Learning which stages of development are appropriate at specific ages• Learning age-appropriate activities to help development	<ul style="list-style-type: none">• Goal setting for the child, mother, and family• Setting goals for the different stages of pregnancy and checking in on progress• Encouragement to stay focused on goals	<ul style="list-style-type: none">• Helpful that the home visitor will come to the house• Home visitor will meet anywhere• Home visitor is on time

Results: Service Referrals



Basic needs	Health-related services	Mental health resources	Other
<ul style="list-style-type: none">• Clothes for parent and child x5• Housing x5• Utilities (water, power bill) x5• Food bank x3• Food stamps x3• WIC• Baby shower	<ul style="list-style-type: none">• Birth control “child planning”• Breastfeeding class• Smoking cessation• Healthier diet options• Health insurance /mobile clinic for boyfriend	<ul style="list-style-type: none">• Counseling for mother• Behavioral support for child• Counseling for child’s older sibling• Mentoring/support for graduates (alumni)	<ul style="list-style-type: none">• Child support• Child care x7• Employment x4• Car or bus passes x3• Education for mother• Map of the area (new in town)

Results: What does the home visiting program mean to you and your family?



- Most clients voiced thanks for the informational support each program provided.
- However, the relationships (i.e. emotional support) that participants formed with their home visitors seemed to mean the most to participants.

“Help and guidance. Definitely guidance and support. Pretty much a lot. It came in handy at the time that it showed up because I needed it. It wasn’t just - not just for resources but just again her, she’s special. So she definitely got me, helped me a lot.”

- Next Steps: Cohort 2 interviews with participants starting January
 - English, Spanish, and Creole

Thank You!



WE WELCOME YOUR QUESTIONS OR COMMENTS!