2015 MIECHV PARTICIPANT INTERVIEWS REPORT

Florida Maternal, Infant, and Early Childhood Home Visiting Program Evaluation
University of South Florida

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ACKNOWLEDGMENTS

This project is supported by the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Initiative.

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INTRODUCTION AND METHODS

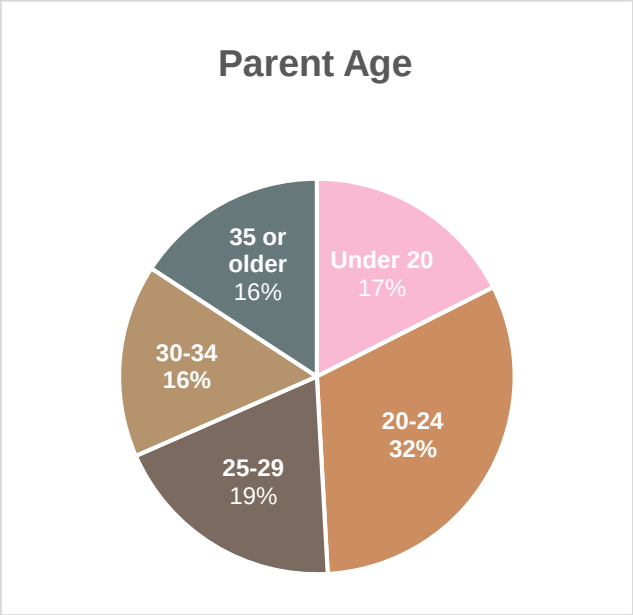
This report utilized data collected as part of the Florida MIECHV independent statewide evaluation. During the spring of 2015, the University of South Florida MIECHV evaluation team applied a qualitative approach to better understand the home visiting experience from the perspective of participants in the second MIECHV program cohort, which consists of six programs (Broward, Hillsborough, Manatee, Miami-Dade, Orange, and Southwest) across eight counties in Florida funded in September of 2013. In-depth and semi-structured interviews were conducted with women from each program in the second cohort. Interviews were conducted via phone and lasted an average of 20 minutes. All interviews were recorded, and each participant provided a verbal consent to participate.

Recruitment was conducted by home visitors who distributed flyers to families participating in the selected MIECHV programs. Interested families directly contacted the evaluation team to schedule an interview appointment. Although all MIECHV participants qualify for the program based on their high-risk communities and challenging circumstances, we also sought to gather the perspectives of MIECHV participants with limited English language proficiency to determine if they faced unique challenges addressed by the home visiting program. Thus, 7-12 interviews were conducted by trained research staff with participants from each program, totaling 58 interviews, including 13 conducted in Spanish and 9 in Haitian/Creole. In addition to questions about services and referrals consistent with 2014 Cohort 1 interviews, this phase included questions specifically targeting access to health care and mental health services.

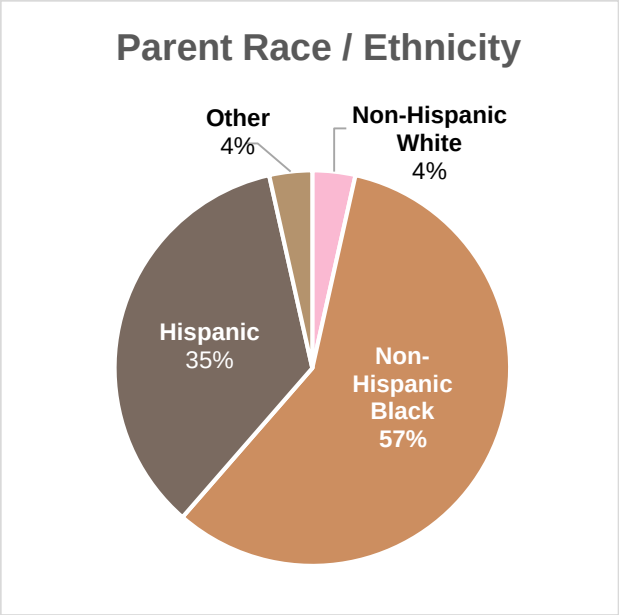
Interviews conducted in English and Spanish were professionally transcribed, and Haitian/Creole interviews were transcribed and translated by bilingual research staff. All recordings and transcripts were reviewed by research staff to ensure accuracy. A qualitative, thematic content analysis was conducted by trained research staff. Access to health and mental health services were specifically targeted and analyzed as emerging focus areas for this research project. Additionally, questions regarding referrals were included in the analysis and examined for all participants, and also separately for Spanish- and Haitian/Creole-speaking participants.

PARTICIPANT DEMOGRAPHICS

Participants self-reported demographic information following the completion of the interview, which was then entered into Qualtrics survey software. All participants were female (100%), and the majority were non-Hispanic Black (57%), 20-29 years old (51%), single (62%), had less than a high school education (33%), worked as a homemaker (32%), and had one child living in the household (61%). Participant demographics are reported below:



Note: N= 57, 1 missing/ prefer not to disclose



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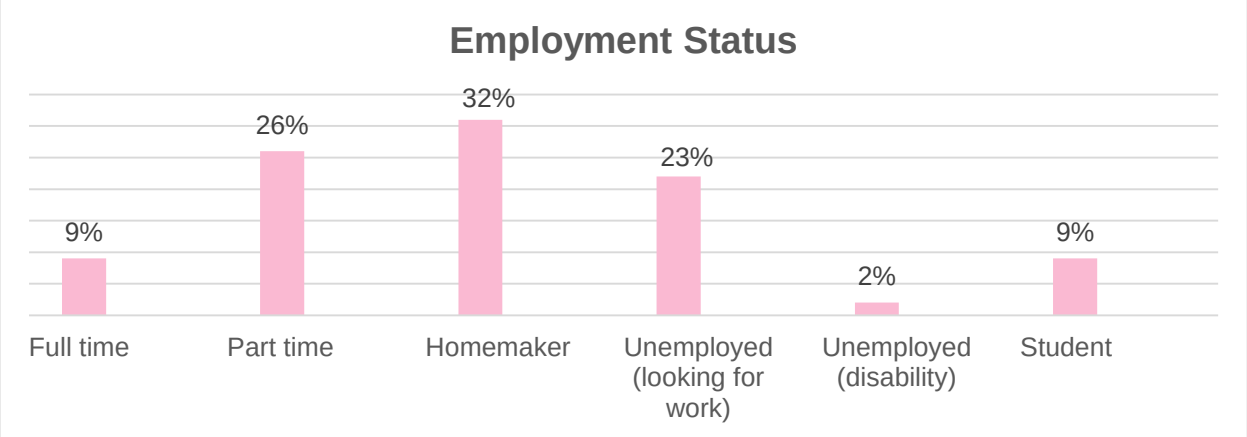

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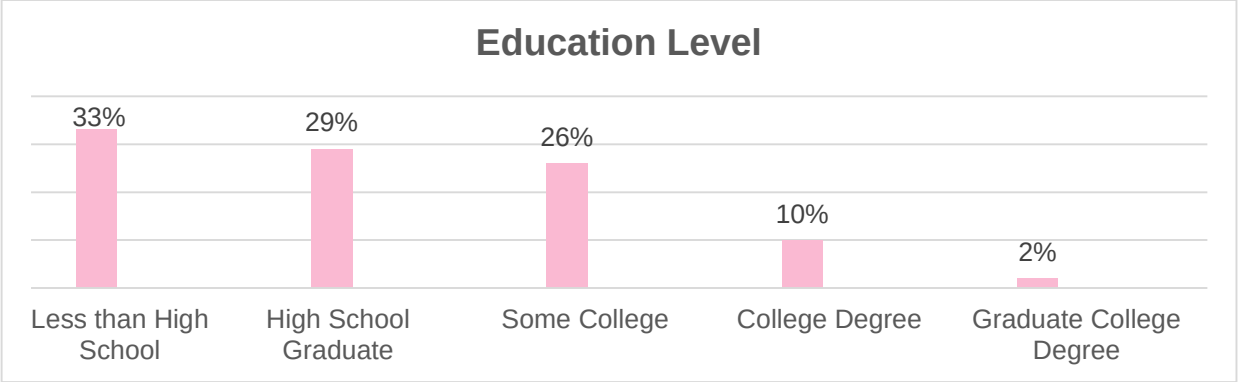
PARTICIPANT DEMOGRAPHICS



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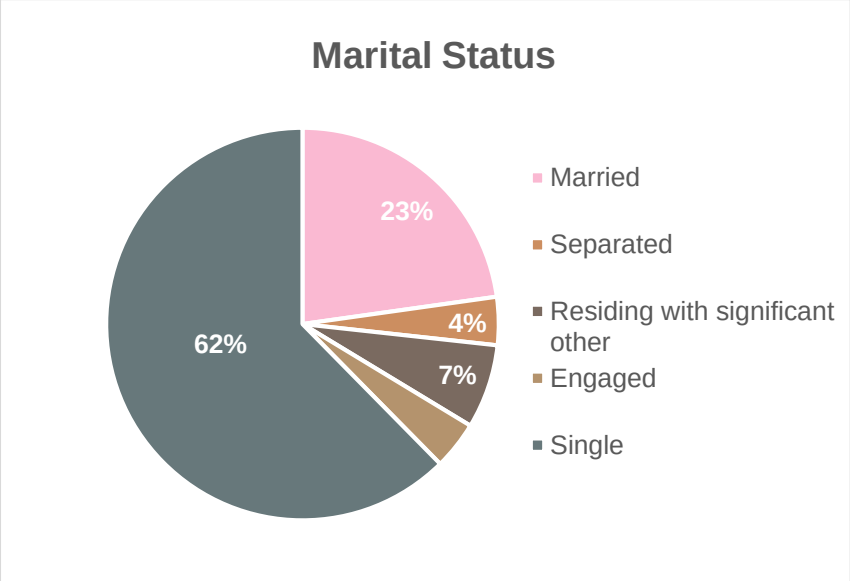

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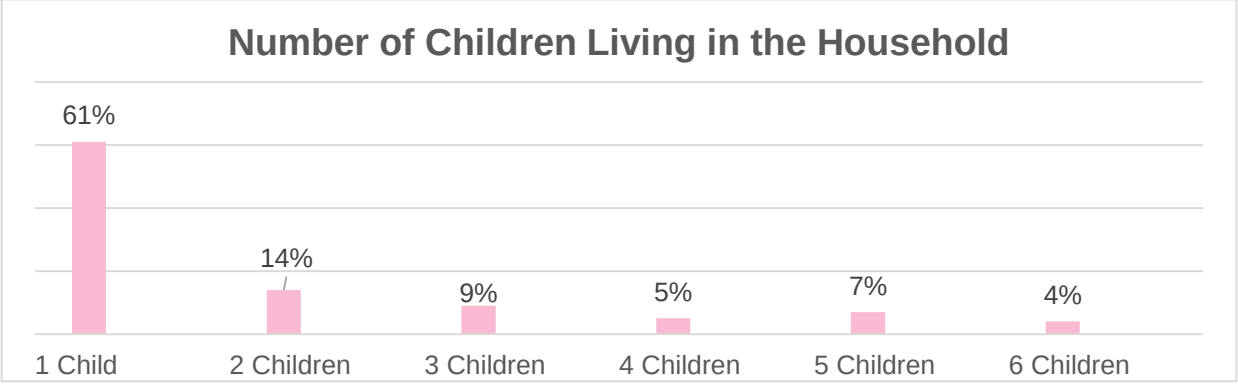

Note: N=57, 1 missing/ prefer not to disclose. Current pregnancy counted as 1 child.

HIGHLIGHTED POPULATIONS

Haitian/Creole-Speaking Participants

Florida MIECHV programs serve a population of Haitian/Creole women who expressed several common benefits of participating in the home visiting program. The USF MIECHV evaluation team conducted nine participant interviews in Haitian/Creole. At the time of the study, 25 participants were identified as Haitian/Creole-speaking in the statewide data system. Fourteen of those participants contacted the study team to participate in interviews, and 12 completed interviews, 9 in Haitian/Creole, and 3 in English according to their preferences.

The most frequently mentioned benefit was the friendship between the mother and the home visitor. One participant described how thankful she was for the program, explaining that she felt alone during her pregnancy until she connected with a home visitor who consistently checked in with her and became more like a family member than a service provider.

Three of the Haitian/Creole participants talked about their management of gestational diabetes and one mentioned high blood pressure, explaining that they received health assessment and resources from their home visitors on how to eat healthier and incorporate exercise into their daily routines. Participants also reported that the home visitor provided information on stress management as an additional part of the healthy lifestyle changes. The home visitor was perceived as a resource for referrals to counseling and confidant for the women to talk to about their current struggles. This information is critical, as six of the Haitian/Creole participants reported to experiencing stress, depression, and anxiety related to their pregnancy or in dealing with general life circumstances. One participant commented about the support her home visitor provided, saying if not for the program she would be "*overwhelmed with stress, upside-down, don't know what to do*."

Overall, Haitian/Creole participants reported that MIECHV programs offered a range of services - from emotional support to promoting physical health and increasing knowledge on newborn care- exemplifying a holistic approach to meeting the unique needs of the mothers they serve.

HIGHLIGHTED POPULATIONS

Spanish-Speaking Participants

At the time of this study approximately 21% of Florida MIECHV participants self-identified as Hispanic, and 12% spoke Spanish as their primary language. The evaluation team conducted 13 Cohort 2 interviews in Spanish based on participant preference. The results in this section reflect the comments from the 13 Spanish interviews (not the comments from all Cohort 2 participants who self-identified as Hispanic). These primarily Spanish-speaking participants reported that they found the home visits useful. Participants underscored that they appreciated the fact that their home visitor took the time to provide information about topics they did not know much about, as well as clarify any questions or concerns they may have had after their doctor's visits.

"I think it has all been useful. It's been a great learning experience for me. Since I had my first [child] not in this country, but it has been like if I was a first-time mom. I wish I could have had this help with my first baby. With this second one, I have learned so much, it's as if I were a first-time mother with someone helping me the whole way. It's been a wonderful help."

The majority of the Spanish-speaking participants found the referrals helpful, while some reported no need for the services. Generally, these participants reported little difficulty accessing the services. The table below specifies additional services that Spanish-speaking participants would like assistance with from the home visiting program.

Service referrals most utilized by Spanish interview participants:

Health-related services	Educational resources	Other
● Health insurance assistance for child ● Help with Medicaid application	● General Educational Development (GED) ● English language tutoring	● Child care ● Educational materials for the baby ● Bed/sofa ● Playpen ● Car seat ● Breast pump

HIGHLIGHTED POPULATIONS

All of the Spanish-speaking participants expressed that the home visiting program positively influenced their lives. They emphasized that the program was good for participants who were from other countries, as it was '*instrumental, useful, essential, and important*' and increased general knowledge and parenting skills. Participants said their lives would have been different without the program in that they would have missed out on information, had difficulty raising their child, and had doubts about parenting. Three participants stated that they would not have learned about proper parenting techniques and child development; one mentioned how the program empowered her personally; and one said that her child would have not received speech therapy without the help from the MIECHV program.

"We are the type to have the babies on the walker just because we are cleaning, cooking, because once he is on the floor you have to be more careful. But they taught me to let him because he will learn whether is for learning how to crawl or anything else he may want to learn."

"It's been a great help to me every day in knowing how to properly take care of my baby. I've applied things I have learned to taking care of my older [child], too. It's really been a great help. I think I do a better job of parenting, now. Now I know what I need to do and what I can do."

"It's been very important and with a lot support. When you're pregnant and you don't have family close by, you need help and someone to talk to. Those that do have them close are not well educate about the topic for all of the question. Here you feel more confident and more secure with the information. I think it's very important."

REFERRALS FOR COMMUNITY RESOURCES

Service Referrals

All Cohort 2 participants were asked:

"Have you received any referrals to other agencies or organizations?"
"Have you used any of those services?"
"What other services would you like to have from the home visiting program in general?"

Participants reported a wide variety of referral services received and utilized as part of their enrollment in the MIECHV program. The majority of participants received a list of numerous referrals and informational flyers from their home visitor. Through conversations during home visits, home visitors could determine the needs of the family and give specific referrals to meet those needs. Participants also explained that some home visitors provided direct assistance to meet participants' basics needs, such as transportation and diapers. Participants also mentioned home visitors helping them fill out paper work to apply for food stamps, faxing it for them, and facilitating referrals by bringing a laptop to their visits to search for additional services available.

The table below highlights the need of Florida MIECHV families related to food security, housing, transportation and other basic resources. Participants also accessed a variety of health, mental health, and perinatal services and resources through their home visitor. Many participants used at least a portion of the services that their home visitor referred them to and found them helpful, but several expressed continuing unmet need related to child care. Some participants also suggested that group counseling and parenting classes should have a variety of scheduling options for those mothers in school and working. Others continue to need transportation assistance to community services

The participants who did not use the referrals mainly stated it was because they did not have a perceived need for those services at that time. Those participants who received direct referrals and whose home visitors directly helped them apply for services reported that they referrals more often than those who only received a flyer or pamphlet for the services available. Overall, the majority of participants had positive

REFERRAL USAGE

feedback on their home visitors and the services they used. For example, one participant stated "*Whatever I want to do, I know I can do it because of this program.*"

Service referrals most utilized (from most to least in each category):

Basic needs	Health-related services	Mental health resources	Other
● Food/Nutrition (WIC, food bank, food stamps) ● Housing/rent assistance ● Transportation (car or bus passes) ● Furniture for baby and mother ● Utilities ● Clothes for parent and child ● Cash assistance	● Pregnancy support programs ● Parenting class ● Child birth class ● Breastfeeding class ● Doula program Health insurance	● Counseling for mother ● Counseling for father	● Books/toys for baby ● Diapers ● Child care ● Car Seat ● Education for mother

Other service referrals participants would like to have (from most to least in each category):

Basic needs	Health-related services	Mental health resources	Other
● Housing/rent assistance ● Transportation ● Food stamps ● Diapers ● Cash assistance	● Parenting class ● Doula program	● Group counseling with various time options	● Child care ● Education for mother ● Stroller

DAILY USE OF HOME VISITING INFORMATION

Healthcare Service Referrals

This question “Has your home visitor helped your or other members of your family access any health care services?” was introduced to all Cohort 2 interview participants to better understand their health care needs and also determine how Florida MIECHV facilitates access to health care. For the context of this summary, access to care includes insurance, personal care, medical home for the mother, medical home for the child, care for other family members, and health-related information.

Some interview participants explained that their home visitor did not assist them with access to health care services because they: did not have a need for health care services; already had access to care in the form of health insurance or a medical home; and had not discussed needed health care services with their home visitor. Additionally, participants explained that they did not remember health care access as a specific topic of discussion. Instead, they explained that conversations were mostly centered on their pregnancy and their baby’s health rather than the mother’s personal health.

However, several participants expressed that their home visitor helped them access health care services, including: access to health insurance, such as assistance with Medicaid application; access to health information; assistance with health services for other family members; and assistance in establishing a medical home with a physician that best fit their personal and family health needs. Participants explained that their home visitor helped them with health care services in varying amounts, but supporting them through the application process for health insurance, such as Medicaid, was the most common assistance.

“We did speak about the Medicaid program. I didn't know certain members in my family were going to be eligible for it as far as my fiancé, which is not the father of my child. She did give me information and I did file and he was able to get health insurance.”

Mental Health Service Referrals

Participants were also specifically asked, “Has your home visitor helped you or other members of your family access mental health services, such as counseling?” Additionally, issues related to mental health were raised by participants throughout the interviews in response to other questions.

Several participants who shared that their home visitor assisted them with mental health services explained that they received information about depression, stress, or anxiety during their sessions. Additionally, home visitors provided specific information about available services and provided referrals to counseling. Participants also mentioned that issues around domestic violence were discussed, mainly to inform participants of existing resources to address such problems.

Those who reported that they did not receive mental health services referrals explained that they: did not need the services; did not discuss mental health with their home visitor; or were already enrolled in services. Several explained that they receive emotional support from her home visitor, and therefore, did not need any additional help.

“I think she mentioned it in the beginning on how to deal with being a new mom… we talked about baby blues. So in the beginning, she kind of explained it’s okay for them to cry. She explained you have to show them love because they’re at an age - and she gave me the age group. She was like, ‘Newborn up to eight or nine months, they need to learn how to develop their trust, so the hugging and the kissing and stuff like that.’ Then we talked about post-partum depression and stuff like that. I think that was our first or second visit, they did have some slips on that but that’s not something that I need.”

Parent: It's really helpful especially when I was depressed.
Interviewer: Does she get you counseling for your depression?
Parent: Yes. She talks to me, yes.
Interviewer: She talked to you, but she didn't send you anywhere else?
Parent: Well, it wasn't that bad. They actually always say, if you need more information you can look deeper into it, but it wasn't that bad. Maybe I just need someone to talk to.

DAILY USE OF HOME VISITING INFORMATION

When asked, “How have you used in your day-to-day life what you have learned during the home visits?” the most common responses related to health and safety measures for their newborn. Specifically mentioned were: tips on baby proofing the house; preventing shaken baby syndrome; safe sleep practices to prevent sudden infant death syndrome (SIDS); and infant and child choking prevention and response. Several participants also mentioned learning how to provide their infant with proper nutrition and feeding their baby; interacting with their child; and bathing, changing, and swaddling their child.

“I feel more prepared and less worried for what is happening to me and what is to come with giving birth.”

“Basically, I use everything like when I take care of the baby and I remember what the nurse had been telling me.”

Lastly, participants described lesson topics that pertained to their own health and well-being. These lessons included managing stress, setting goals for themselves, and monitoring their own health.

“There are some things she tells me to use like she went to the store and bought me a measuring cup so that I can measure everything that I eat and I always do that. Everything she tells me, I always do it.”

“I know about nutrition and what I should eat. I didn’t know about that so I try to do that, and also how I should take care of my body. To sleep… before I didn’t sleep enough; I fainted two times and it was because I was not sleeping well caused my pressure to get low… and she advised me about this. How [it] is not the same thing as not being pregnant, that I have to eat right? It was very useful.”

IMPACT OF HOME VISITING PROGRAM

Finally, participants were given the opportunity to reflect on the question, "How do you think your life would be different if you didn't participate in the MIECHV program?"

The majority of the participants stated they would not have the knowledge they have now if they had not participated in the program. Often, they said they would have made more mistakes; participating in the program makes it easier to learn. One mother exclaimed, "*I'd be frantic not knowing where to go or what to do.*" Other participants made statements similar to this, saying that they would not be as emotionally stable as they were, and had it not been for the program, they would be more stressed, depressed, and lonely.

"Without it, I might be very lost."

"I wouldn't know anything. I'd be stuck on Google."

Another common response was that participants felt they would lack necessary resources like diapers and housing had it not been for the program. "*I don't even want to imagine what we would be without it, like we might be homeless right now.*" A few participants felt there would not be a significant difference in their life but stated they have learned and enjoyed the program. One participant who felt this way stated, "*It'll be okay but I chose to have it because it's fun and good to learn different things and just ask questions if necessary.*"

"I don't think I would know how to be stress-free."

"When my nurse came, well, I was depressed so I would probably not have anybody to talk to."

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