

Innovative Methods for Engaging Community in Building Home Visiting Evidence to Inform Policy

Incorporating Multiple Perspectives through Photovoice and Journey Mapping.

Jennifer Marshall | September 2024



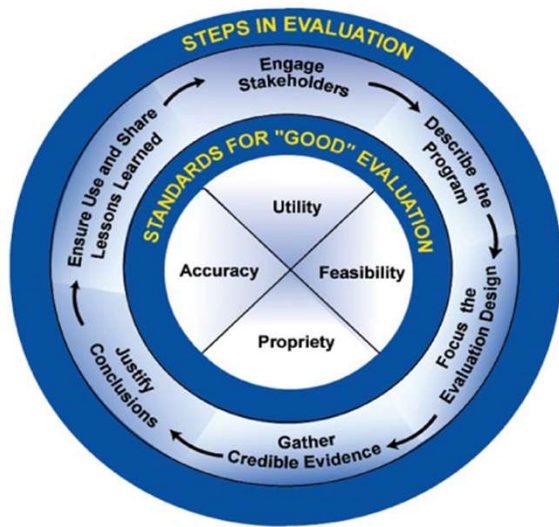
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Overview of Presentation

- Purpose
- People
 - Research team, priority populations, providers, networks. and systems
- Methods
 - Photovoice
 - Journey Mapping
 - Interviews, secret shopper method, observational methods
 - System Mapping
 - Social network analysis, workshops

Our Purpose: A Shared Learning Agenda

- Formative, process, and outcome evaluation as a value-add to implementation of MIECHV
- Integration of evaluation, dissemination of findings to maximize success
- Goals:
 - To use evaluation findings to inform, drive improvement in program and how it is implemented
- Strategies:
 - Structure: Evaluator is integrated into state MIECHV team
 - Process:
 - Reports to LIAs, state partners on monthly MIECHV call
 - Evaluation reports shared with LIAs and posted on MIECHV website
 - Briefs to share with program participants
 - Intentional effort to address findings, and suggest areas for focus of evaluation activities



Standard	Questions
Utility	<p>Have you carefully described the perspectives, procedures, and rationale used to interpret the findings?</p> <p>Have stakeholders considered different approaches for interpreting the findings?</p>
Feasibility	<p>Is the approach to analysis and interpretation appropriate to the level of expertise and resources?</p>
Propriety	<p>Have the standards and values of those less powerful or those most affected by the program been taken into account in determining standards for success?</p>
Accuracy	<p>Can you explicitly justify your conclusions?</p> <p>Are the conclusions fully understandable to stakeholders?</p>

CDC, 2012. A framework for program evaluation. Available at: <http://www.cdc.gov/eval/framework/index.htm>

Considerations

- Embedded in MCH, Healthy Start, MIECHV systems, communities
- Design, rigor, methodology capacities
- Learning and adapting as we go
- Documenting the process
- Translating research and evaluation to practice and policy



People: Florida MIECHV Research & Evaluation Team

Students

- Rafaella Stein Elger
- Maria Pacheco
- Pelumi Olaore
- Shelby Davenport
- Acadia Buro
- Caitlynn Carr
- Shanda Vereen
- Blake Scott
- Saloni Mehra
- Claire Pelletier
- Sara Stubben
- Mitchell Jaskela
- Richa Phuel
- Rhosemalindha Louis
- Neha Dantuluri
- Dannelle Charles
- Tracy Gates
- Spencer Carman
- Daniel Chacreton
- Shelton Gilyard
- Natalia Vazquez

CAPHS Course (2021-2024)

- Drs. Marshall, Sappenfield, Elmore

Faculty/Consultants

- Dr. Jennifer Marshall, PI
- Dr. Kimberly Fryer, OBGYN
- Dr. Abraham Salinas, Epi
- Dr. Jason Salemi, Epidemiology
- Dr. Jean Paul Tanner, Epidemiology
- Dr. Debi Cragun, CQI
- Dr. Russ Kirby, Epi & Population Data
- Dr. Bill Sappenfield, Epi & Systems
- Elizabeth Dunn, Disaster Systems
- Dr. Emily Shaffer, Early Intervention
- Dr. Lana Yampolskaya, Data
- Dr. Karen Liller, Workforce
- Dr. Marissa Levine, Workforce & Leadership



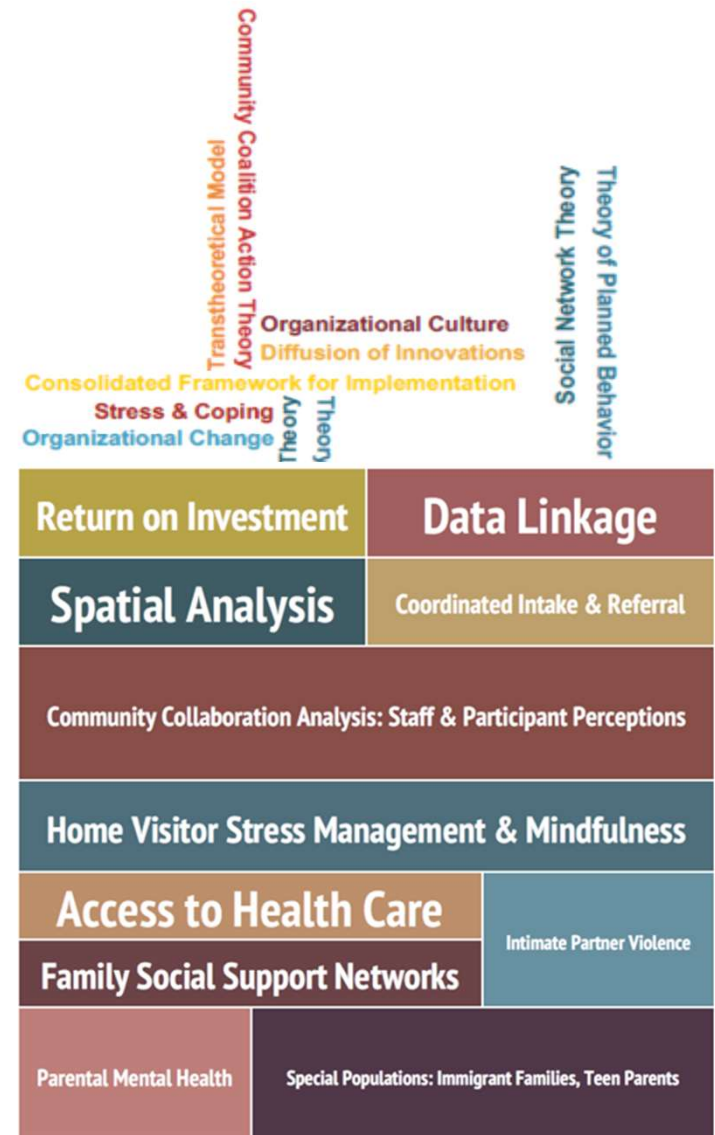
People: Team Infrastructure

- Research skills
- Self-reflection
- Engagement/Presence



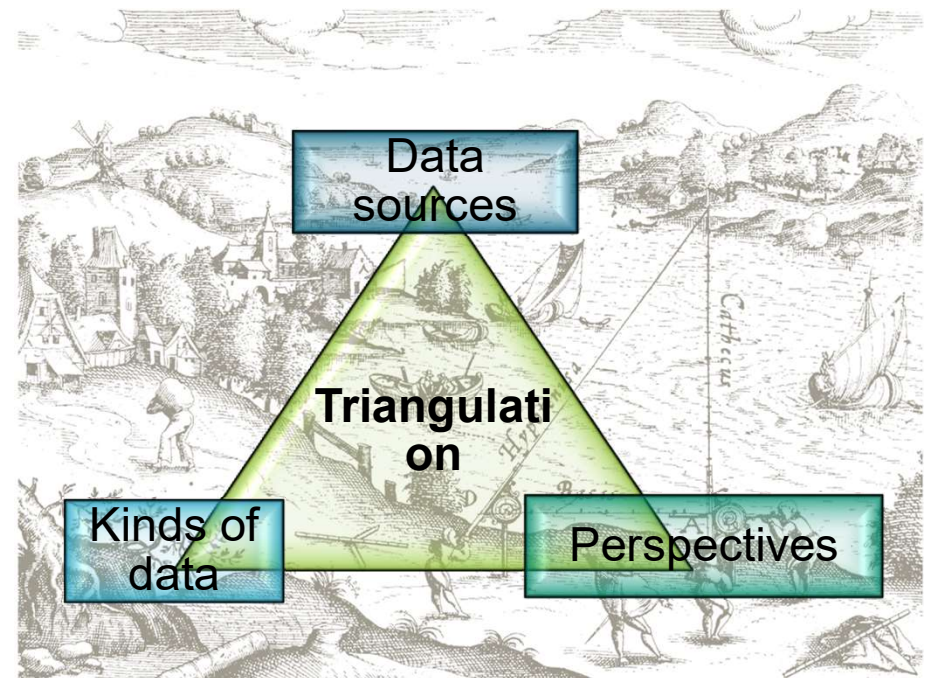
Methods

- Needs Assessment, Evaluation, & Research
- Theory-based
- Qualitative
 - Participant interviews
 - Staff focus groups
 - Journey Mapping
 - Photovoice
- Quantitative
 - Pre-post surveys
 - FLOHVIS data analysis
 - Data linkage/comparison
- Spatial analysis
 - GIS mapping
- Social network analysis
 - PARTNER Survey
 - Collaboration study



Triangulation

- Mixed-methods approach
- Qualitative to tell the story, quantitative for generalizability
- Corroborate the various types of data, multiple perspectives, and/or data sources



Methods: Qualitative Research Standards

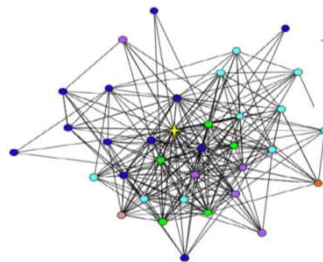
- **Credibility** (internal validity) - believability and trustworthiness. Depends more on the richness (quality) of the data gathered than on the quantity of data. The participants are the only ones that decide if the results actually reflect the phenomena being studied and therefore, it is important that participants feel the findings are credible and accurate. Triangulation commonly to verifying accuracy: cross-checking/member checking information from multiple perspectives.
- **Transferability** (external validity) - the degree that the findings of the research can be transferred to other contexts by the readers, that the results can be applied to other similar settings, populations, situations, etc. Thoroughly describe the context of the research to assist the reader in considering findings in other contexts.
- **Dependability** (reliability) - consistency with which repeated study/analysis would result in similar findings. Dependability lends legitimacy to the research method. To maintain dependability in dynamic research settings and contexts, document all aspects of any changes or unexpected occurrences to further explain the findings. This helps with replication as well.
- **Confirmability** (objectivity) - how well the research findings are supported by the actual data collected when examined by other researchers. Researchers bring their own unique perspectives to the research process and data interpretation can be subjective. Corroboration/ confirmation by others who examine the data reduce biases, as does researcher reflexivity.

https://cirt.gcu.edu/research/developmentresources/research_ready/qualitative/validity

Previous Florida MIECHV Evaluations

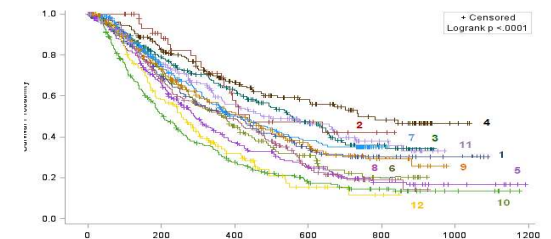
FY13-15

- Collaboration & partnerships to meet the needs of enrolled families
 - Participant interviews, Staff focus groups/interviews, PARTNER Survey, benchmark reporting
 - Jean-Baptiste, E., Alitz, P., Birriel, P. C., Davis, S., Ramakrishnan, R., Olson, L. J., & Marshall, J. (2017). Immigrant Health through the Lens of Home Visitors, Supervisors, and Administrators: The Florida Maternal, Infant, and Early Childhood Home Visiting Program. *Public Health Nursing, 34*(6):531-540.



FY15-17

- Engagement & Retention
 - Participant interviews (Alumni), Staff focus groups, Journey Mapping, Photovoice, PARTNER Survey, Survival analysis
 - Marshall, J., Birriel, P. C. Baker, E., Olson, L., Agu, N., & Estefan, L. (2018). Widening the scope of social support: The Florida Maternal, Infant, and Early Childhood Home Visiting program. *Infant Mental Health Journal, 39*(5), 595-607.



Previous Florida MIECHV Evaluations

FY17-19

- Mental Health Supplement – staff stress and mindfulness
- Father engagement

FY 19-24

- Home Visiting needs assessment
- Ongoing partnership – technical assistance
- COVID-19 adaptations
 - Work arrangements
 - Virtual home visiting
- CAPHS course
 - COVID-19 impacts on HV needs and service delivery (virtual & hybrid)
 - Father engagement
 - Safe infant sleep curricula
 - Staff stress, burnout, and well-being
 - Retention/dismissals

Method 1: Journey Mapping

- Rooted in consumer research
- Uses mixed methods to understand the customer or participant experience
- Illustrates: Persona(s) (motivations, expectations), Thoughts and Emotions, Touchpoints, Facilitators and Barriers



Stages of Journey Mapping



1. Persona

- Think of a case example that stands out to you
 - Typical
 - Successful
 - Unsuccessful
- Who was the person (general, no identifiers)? What were the circumstances?
- What happened?
- What does this story mean to you?



2. Touchpoints

- Who is involved in the referral and connection to services process?
- Where are these families typically referred?
- What works well in this process and what doesn't?



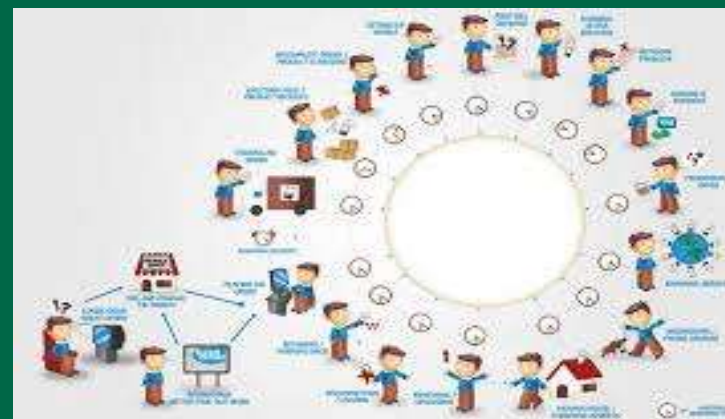
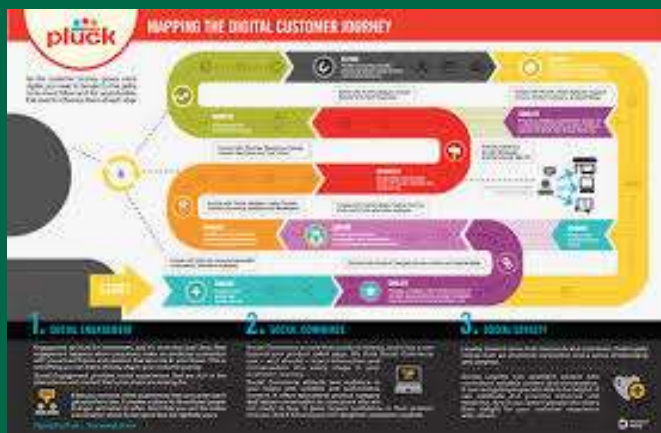
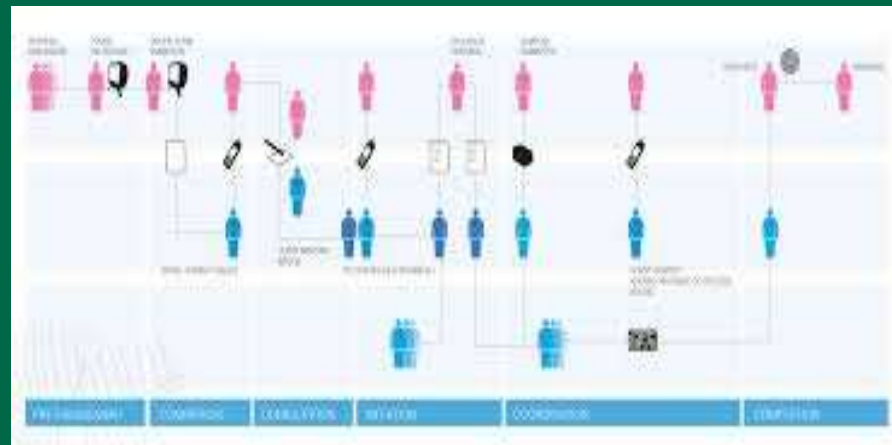
3. Systems

- What systems are involved?
- What other perspectives do we need?
- What questions do you have?



Constructing the Map

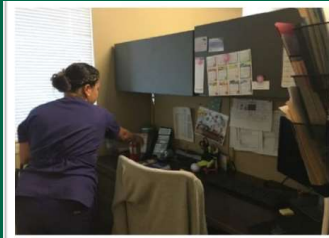
Journey: Car Purchase	Attention	Research	Evaluate/ Try	Facilitate	Buy	Service
Customer thoughts and actions	Frustrated Nervous Lack of advertising	Overwhelmed Bored Research type of car and	Fearless Users Excited Concerned	Frustrated Anxious Nervous Worried	Scared Added responsibility	Proud Feels patron w/ dealer and car age
Marketing						
Sales						
Acad						
Service Dept						
Customer Feelings						
Brand and Value Proposition	Don't feel valued confuse	Provide supportive message a difference	Providing a good experience of the full loop post sales more value	Take risks and experiment - try paperwork	Look for risks of my line to do paperwork	Difference experience based on extent of maintenance
Cost/ Opportunity/ Collaboration	Effective marketing, to win otherwise	Effective marketing, to win otherwise	Effective marketing, to win otherwise	Effective marketing, to win otherwise	Effective marketing, to win otherwise	Effective marketing, to win otherwise
Gap Future/ Solutions	Proposed ideas	Proposed ideas	Proposed ideas	Proposed ideas	Proposed ideas	Proposed ideas



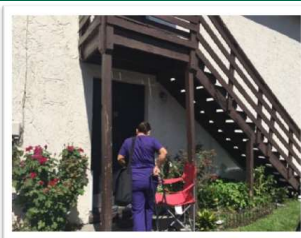
Example 1: Engagement & Retention

- **5** journeys with **5** home visitors, **7** clients, **4** observers in **3** communities implementing **3** models (Escambia, Manatee, and Hillsborough)
- After consent was obtained from home visitor and family, the research assistant/observer:
 - Recorded **observational notes and reflective conversations**
 - Completed the **Home Visiting Observational Rating Scale (HVORS)**
 - Took **photographs** of the environment
 - Audio recorded **interviews** with the home visitors regarding their experiences prior to and after each interaction with their clients, and later conducted follow-up telephone interview with parents.
- Interview recordings professionally transcribed and checked for accuracy; transcripts qualitatively analyzed by participant perspective and by site.





Home visitor prepares for upcoming visit.



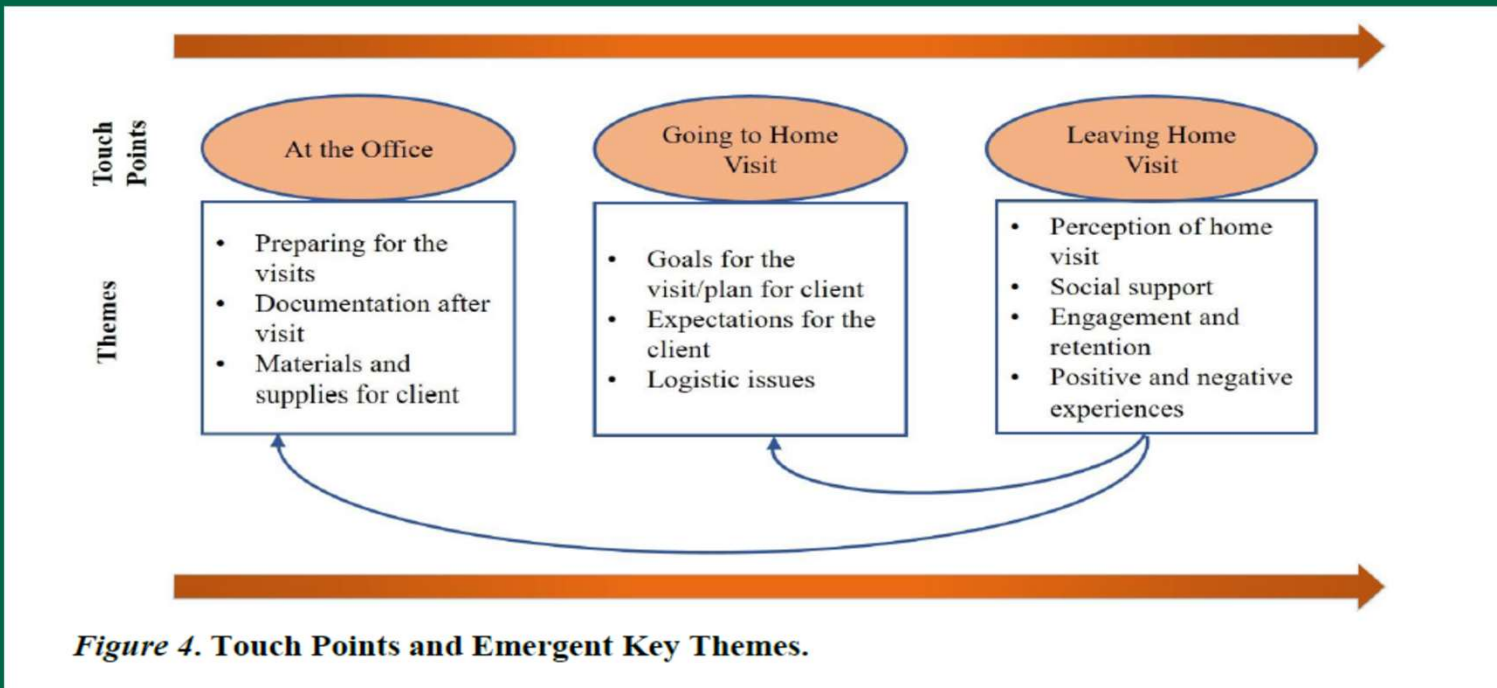
Home visitor approaches the participant's home.



Home visitor takes measurements during the visit.

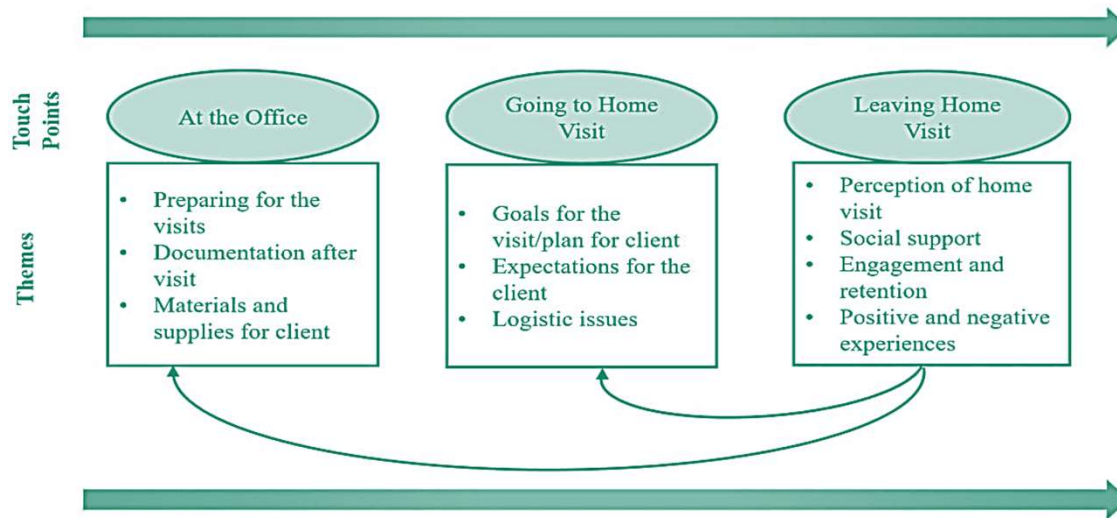


Home visitor engages with parent during the visit.



Results

- Touchpoints
- Persona
 - Motivations (Information, Support)
 - Expectations
- Thoughts and Emotions
 - Strategies
- Facilitators & Barriers
 - Social and physical environment



“We’ve gotten closer like the more she comes. Plus, I want to know more about pregnancy and know what I’m going to get myself into. So I like to pay attention”.

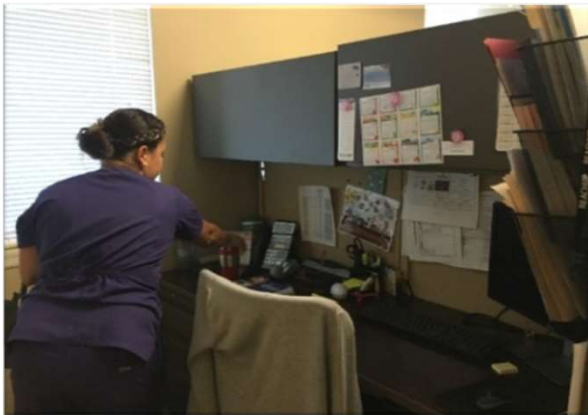
“... I want to learn what I need to know to play the role of the best mother possible.”

“The mother is a person who wants to learn and in this sense I feel very good.”

“To me, my job is to help these parents be aware of what they say and do in front of their children and be aware of how it could hurt them.”

Circling back

- Participant needs and priorities
- Participant retention - survival analysis
- Staff stress, burnout, mindfulness



Looking forward

- Alumni study
- COVID-19 adaptations



Example 2: Photovoice

- A participatory method used in qualitative health research studies (Wang & Burris, 1997)
- A methodology which emphasizes participants' voices through allowing them to document everyday situations using a camera



Traditional Photovoice

- Initial interview
- Photographs
- Follow-up interview
- Summarization of key photographs
- Display

Florida MIECHV Project

- **Predetermined topics**
 - Initial interviews in 2017
 - Staff focus groups
- Photographs
- Follow-up interview
- Summarization of key photographs
 - Triangulation
- **Report and publication**

2017: Using PhotoVoice to Illustrate Engagement and Retention in MIECHV

Participants were invited to take photos representing:

1. their experiences as a parent,
2. meaningful adults in their child's lives.
3. experiences with their home visitor.

A Photovoice training packet was mailed, including:

- 1) a cover letter explaining the process, incentives, prompts based on the themes being explored to guide the picture taking process as well as due dates for picture submission
- 2) a digital camera if requested; parents were also allowed to take pictures on a digital device/phone
- 3) a link to YouTube videos with project information and a demonstration of taking acceptable photos
- 4) infographics on how to take a picture, a picture guide with sections where the parents could input notes regarding each photo, and a slot for the best time to reach them for the follow-up interview.

Three participants returned photos and participated in interviews.

Experience as a Parent



Picture 1.

"[The church] is a place people are taught these things: to be good, to be humble, to be nice, to be a spiritual person. It's a place where you can disconnect from the outside world and focus on spiritual matters inside a church."

"I want [them] to learn to be human beings, more humble. Because I think if you're humble you can do anything and go anywhere. Because today's material possessions won't mean anything tomorrow. But if you are a good human being, to be humble, to serve others, these are things that will stay with you your whole life. These things are priceless."



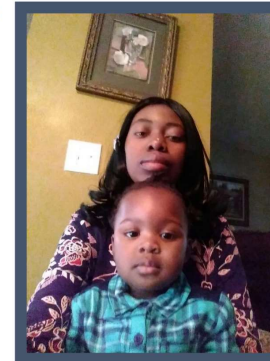
Picture 2.

"The Christmas tree [picture]. I am Dominican. And she is being brought up here and I would like her to learn about every season of the year here. I want her to know what it symbolizes and its significance. For them to live their traditions since they are being brought up in this country."



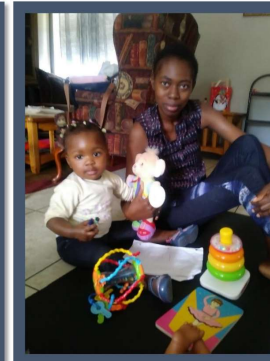
Picture 3.

"The fact that you love your child make you care for her and feeding is one thing that shows your care for your child in love."



Picture 4.

"Because first of all, [this picture] reminds me that it will be a memory for my child that I used to go to church with her, and then every time I come from church, I always have fun with my child. So, it will be a great memory for my child either when I'm gone or when she's older and we're having a good time, it will remind us, both me and my child that when she was just a small child, how we used to have fun and how we still have fun."



Picture 5.

"This one gives me joy because my child is able to play. She's not in the hospital. Yes, a lot of children are not able to play. They are not able to play because they are sick. They can't breathe. This makes me happy every time I see her play that reminds me, that shows me that she is a very happy child. Whenever she's happy, I'm happy too. Whenever she's sad, I'm sad too."



Picture 6.

"Well, I think I'm doing a good job because they are very happy children. I try to give them as much as I can. I try to teach them good things."

Meaningful Adults in Child's Life



Picture 7.
(Above) "[...] we two [my husband and I] are the only ones in our children's lives because we don't have any other people near us. It's just us two."

Picture 9.
(Left) "She's [my grandmother is] important because, look. For one thing, I never knew either of my grandmothers. I didn't know either grandfather or grandmother. So, for me, it's very important for her to be able to have a relationship with her grandparents, talk to them, know them and experience so many moments with them, especially at the different stages of their lives, and for them to have that experience that I didn't have because I didn't know any of my grandparents. Play with them, share moments, go to a park, go anywhere. That they feel the love of what is a grandmother or grandfather. I didn't have that."

Picture 8.
(Left) "Yes, and I was very happy when I found out we [HV and I] were from the same hometown. Secondly, she gives me advice. She always gives me advice and I tell her anything. I tell her anything. Anything that bothers me I tell her and she gives me advice. She always pushes me or encourages me to live. Even though I have problems like I'm not working, she pushes me. She encourages me to get a work. Sometimes, she talks to people about me, people who have jobs. She helps me a lot. She helps me. She does the job that my mom could have done if she was close to me."

Experience with the MIECHV Program/Home Visitor



Picture 10.
(Above) "My relationship with her [home visitor] is very good. Any time I have a question, I call her and she explains what I need to know or gives me advice as to my best option. She helps me tremendously. I have had a wonderful experience with the [home visitor] that I have, [...]. I have had a really good experience with her."



Picture 12.
(Left) First of all, number eight shows my daughter playing and she was looking at the home visitor and she was very happy. First of all, she was playing and she was writing. She was writing. Every time she comes, she gives her toys to play. In that day, she was writing."

(Left) "She's [Daughter is] a great writer. Even though she's still small, but she knows how to write because my home visitor teaches her how to write. Not me, I didn't teach her. [Laughter] She [HV] taught her how to write and that picture shows me that my child was very happy and she had a doll in that picture."

Picture 11.
(Right) "[Home visitor] is very respectful to me. She's always been interested in Emma's learning the things she brings. She gives me advice about what I can do to help Emma learn more and develop. Our relationship has been very good. Very instructive and educational for us. She's been very good for us."

(Right) "Of course. I find it very motivating. It's nice to work with someone who isn't just about money, who is very sociable, very nice, very caring, and who does her job with love, with the objective of helping others."



Lessons Learned

- Be clear in purpose/goals
- Keep clear records
- Coordinate with the program and LEAs to facilitate participation
- Keep it simple for participants
- Adapt
- Obtain consent at every stage

2019: Baby's Best Sleep

Purpose

- Understand barriers and facilitators to safe sleep practices at the household level from the caretakers' perspectives
- Understand the role of home visitors in promoting safe sleep practices at the household level



Phase I: 2017

- 12 focus groups with 86 MIECHV staff from 15/17 sites (2017-2018)
- 50 participant interviews (mothers, fathers, other caregivers)



Phase II: 2018

- Photovoice with parents and caregivers
- Safe Sleep Survey
- Inventory of interventions/furnishings provided



2019

- MIECHV data analysis
- Survey follow-up
- Comparative effectiveness study

Potential Influencing Factors for Adherence to Safe Sleep Recommendations

Modifying/Background Factors	Psychosocial Factors	Decision-Making Factors	Behavioral Factors
Exposure to safe sleep education Socioeconomic Status Family structure Family, culture, and traditional practices Child factors (e.g. temperament, health) Environment (living space, furnishings)	Knowledge Attitudes Beliefs Social Norms	Perceived threat Perceived behavioral control/ self-efficacy Perceived benefits Perceived barriers Cues to action	Intentions Behaviors

"You know, he's usually in the bed with us. I know they say you shouldn't do that because the baby might suffocate, but I think that is exaggerated."

"It's just it's so much easier for me to roll over and nurse her that way than to get up out of the bed and go into her room, and she won't sleep in her crib anyway. For me, that's what works best."

"I try the alone, on her back, in her crib and there's days that it works but there's days where if she's alone she's going to keep the whole house up at night, including herself. On the back, she has choked a couple of times [...] because of her reflux. [...] she usually sleeps in the crib, if not in the crib then in the bassinet or on my chest for the same reasons."

"[She] explained to me that he has to sleep alone in the crib - without anything in the crib - without toys, blankets, without anything - and face up."

Baby's Best Sleep

Key questions:

- What are the current practices of FL MIECHV programs for promoting safe infant sleep practices among participants?...as observed by home visitors, and as reported by participants?
- How do MIECHV staff & participants perceive the feasibility, utility, and acceptability of baby boxes or other sleep furnishings?
- What impact do staff & participants perceive that MIECHV has on infant sleep practices?
- What facilitators and barriers do MIECHV home visitors & participants face in promoting and implementing safe sleep arrangements? other factors impacting parents' decisions and actions related to infant sleep practices?
- What is the association between various MIECHV intervention approaches and participants' infant sleep practices?
- What are the rates of safe infant sleep practices among MIECHV participants? Has there been a change in these rates over time? (2017-2019)?

- **Significance to Florida MIECHV:**
 - Inform statewide implementation decisions (furnishings, funding, curricula)
 - Share promising practices among MIECHV sites
 - Identify facilitators and barriers applicable to other MIECHV education/health promotion activities
- **Progress:** on track, Barriers/Changes: n/a
- **Challenges:** Inconsistency in safe sleep promotion practices within/among programs), low response rate for participant (226 contacted, 70 agreed, 61 completed), Reporting of infant sleep practices is complex and varies by venue.
- **Successes:** Participation (sites and staff) and honesty/openness, Recruitment through phone & text surveys, data quality and quantity
- **Lessons learned:** Participants are well-informed about AAP guidelines and program expectations, but don't always follow them due to conflicting messages, messengers, and cognitive, environmental, cultural, and practical barriers.

Promotion: MIECHV Education & Furnishings + Other influences on infant sleep practices = Actual infant sleep practices

Photovoice Instructions



1. Open packet and review documents



2. Obtain consent from people you will take pictures of



3. Take pictures



4. Write a note/brief description of how your picture represents the statement

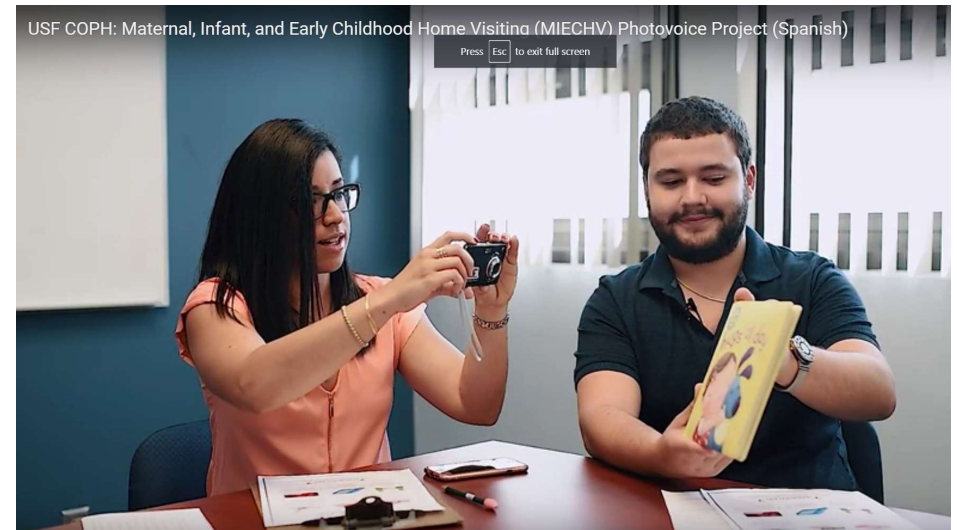
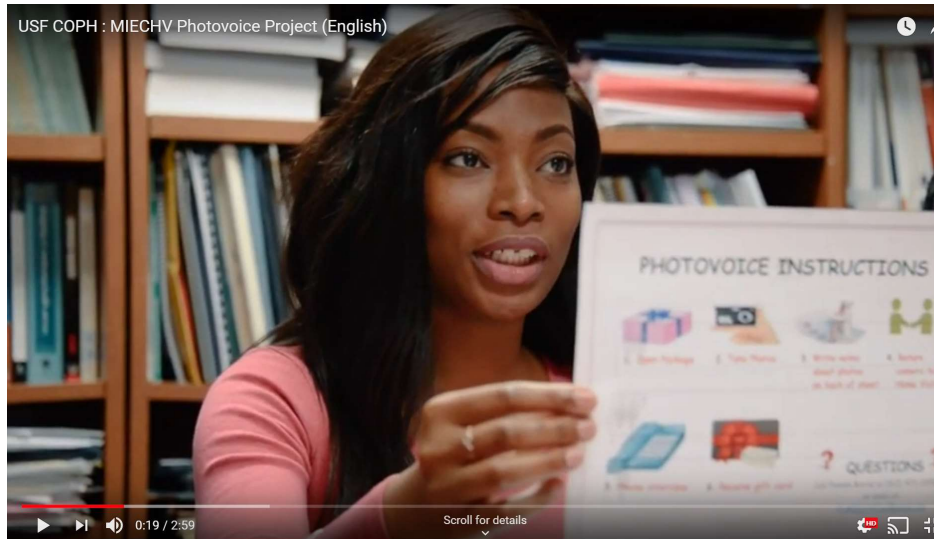


5. Return the pictures/camera, photography consent form and notes sheet by mail or email



6. Participate in 10-15 minute interview

Instructional Videos



<https://health.usf.edu/publichealth/chiles/miechv/state-evaluation>



<https://health.usf.edu/publichealth/chiles/miechv/state-evaluation>

Results

- Participants recruited via telephone from three sites: Orange, Manatee-Sarasota-Desoto-Hardee, and Lee-Hendry-Collier counties (125 eligible)
- Target sample: 12 (6 English-speaking, 4 Spanish-speaking, and 2 Haitian Creole-speaking participants). Final sample: 5 (3 English, 1 Spanish, and 1 Haitian Creole).
- Interviews transcribed verbatim and the transcripts reviewed for accuracy
- Read through: Two initial codebooks drafted, then compared/reconciled, and a final codebook agreed upon by the research team.
- Transcripts uploaded into MaxQDA and coded by two independent coders.
- Coded segments exported into Excel to examine frequencies and determine how segments were associated with the photos sent by the participants.



Results: Facilitators to safe sleep practices

Furnishing

- Made it easier to ensure safe sleep practices
- Popular furnishings included Pack'n'Plays

Knowledge

- Guided decisions regarding safe sleep: no bedding for child
- However, while participants mentioned that the baby slept on its tummy (Photo 2) revealed that the baby slept on its tummy (Photo 2)

Bedtime routines

- Made it easier to implement safe sleep practices
- Routines included: Keeping the drapes down or blind, relaxing music, and keeping the same routines every

Social support

- Having another caretaker to rely upon
- “She knows that I’m not going to allow anything to happen to her safe bed.”



Photo 1. Participant picture of a safe bed.



Photo 2. “This is what makes it safe for her to sleep. Knowing that her bed is well made and there there’s nothing around her bed. Keep both her safe and my mind at peace.” [child of age to roll over]

Results: Barriers to safe sleep practices

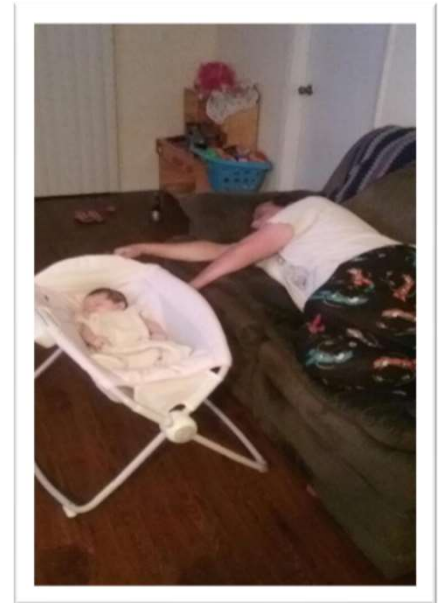
Housing

- *“We live at my niece’s house. They have one room. They have their own room, but the child does not have her own room. We live with a family.”*
- Child’s room may be kept as a storage due to lack of space



Other caregivers

- The other caregiver would not always implement the same safe sleep practices.
- *“Whenever her dad is with her, her dad tends to put her into a rocker or something and just hope that she goes to sleep, or he’ll end up falling asleep with her on his chest or something... This makes the sleep routine harder. Her daddy tends to let her sleep in her rocker which isn’t always the best thing to do, especially since he falls asleep as well.”*



Additional Barriers

• Siblings

- Difficult to put the infant to sleep when the sibling was distracting them
- Participants stated the importance of having a separate space or room for their baby to sleep in

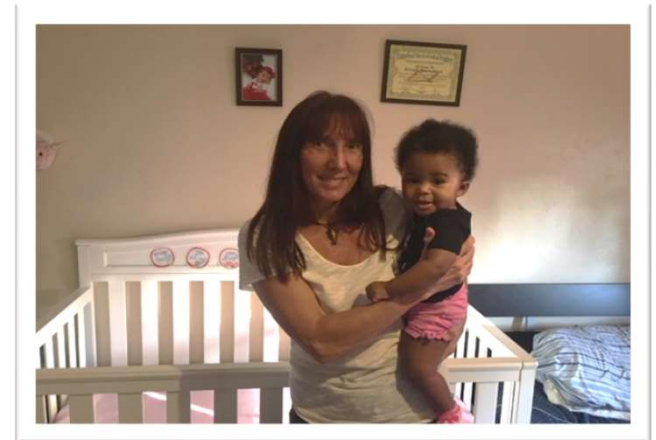
• Child's physical development

- Once the child learns how to stand up on the crib, things changed:
- *“Now, sometimes I’m worried that she can reach and grab the clothes and then that she could suffocate herself, something like that.”*

Role of the home visitor

- Home visitors provided training on safe sleep guidelines, but also provided other guidance and support:
 - *“She (child) wouldn’t be as active with her things because there are things that she will do with [home visitor] that she doesn’t tend to do with me around. So, she wouldn’t be as high on the development scale as she would be now.”*
- Home visitors are “positive role models” who are “nonjudgmental” and “non-biased”

“The home visitor is the one that gives all of the information in order to keep [my child] safe. If it was not for her we would have done a lot of things that my culture believe that’s safe sleeping but in reality is not.”



Previous studies show that while caretakers receive safe sleep education, there continues to be a gap in knowledge and practice. Photovoice can be utilized to better understand participants' perspectives regarding the factors that might affect this gap.

Dissemination Strategies

MIECHV Programs

- Written reports
 - Long, brief, and 1-page reports
 - Compendium 2017-2018
 - Shared at statewide meetings, site visits/focus groups
 - USF MIECHV Evaluation Website
<http://miechv.health.usf.edu>
- Monthly statewide calls
- Presentations
 - At conferences, meetings, site visits/focus groups

Broader Audience

- Briefs
 - AMCHP Innovation Station
 - Newsletters
- Webinars
- Conference presentations
- Peer reviewed publications

Communicating Results: FL MIECHV Newsletter www.flmiechv.com

The screenshot shows a web browser window with the URL <https://www.flmiechv.com/what-we-do/measuring-results/>. The page features a navigation menu with 'Home', 'About', 'What We Do', 'Sites', 'Families', 'Resources', and 'Contact Us'. Below the navigation is a large image of a baby's hands. The main content area is titled 'Measuring Results' and includes the following text: 'Florida MIECHV is results-focused. Data are collected by the local implementation sites on participating families, services and outcomes around the six focus areas of the initiative. These data are used for federal reporting and to guide program management at the state and community levels. Data are critical for monitoring program implementation and ensuring model fidelity for optimal outcomes.' To the right of the main text is a sidebar with links: 'Measuring Results', 'Benchmarks & Performance Measures', 'FLOHVIS', 'Performance Dashboard', and 'Data Collection Manual'. At the bottom of the page is a 'NEWS' section with the Florida Association of Healthy Start Coalitions, Inc. logo and the date 'June 2018'.

A collage of newsletter articles with a green arrow pointing from the website screenshot to this section. The articles include:

- Scale-Up of Coordinated Intake & Referral Begins**
It is here! Coordinated Intake and Referral (CI&R) officially started July 1, 2018. All Healthy Start Coalitions had a year to work in their local communities to prepare for the launch of CI&R. Their critical work included developing home visitation partners and program foundational tools, such as service inventories and decision trees. The Florida Department of Health developed a new chapter of the Healthy Start Standards and Guidelines focusing specifically on CI&R and included suggestions from the MIECHV team, such as the creation of and support for a local Home Visitation Advisory Committee. At the same time, the Florida Department of Health Staff Collaborative worked on creating the CI&R tab in its Well Family System. This critical activity was needed to ensure that CI&R could be achieved at the state level. The Florida Department of Health identified families for home visitation services, and established a feedback loop on referral disposition. A new state Home Visitation Advisory Council met in Tallahassee last month to learn more about CI&R and committed to working collaboratively to troubleshoot challenges at both the state and community level. The Healthy Start Coalitions and their home visiting partners are getting ready to start looking at the first 30 days of referral data and will continue to review that data to improve the local system of care. This is an exciting time for communities and for those families who need, want, and will benefit from home visitation services.
- Welcome New FL MIECHV Staff**
Juliana Groves recently joined the state MIECHV team as a contract manager. Juliana brings a wealth of experience to the position, including work in managing contracts and budgets for the Healthy Start program and New Enforcement. She will work with MIECHV staff to provide home visiting services. Welcome, Juliana!
- Law Health Equity Resources in FL MIECHV LMS**
A new three-part online training on health equity and social justice is now available in the FL MIECHV Learning Management System (LMS). Produced by the National Association of County & City Health Officials (NACCHO), the goal of the *Public Health and Health Equity* is to increase knowledge and inform key concepts, and applications related to this critical topic. The self-learning modules are offered in collaboration with the Florida Department of Health, which is participating in a national *Local Health Dept. on strategies for addressing health inequities in underserved communities* health care benefits and other social determinants of health (SDOH) initiative addressing the social determinants of health (SDOH). The training convenients a multi-part webinar series produced by Jacksonville Area Metropolitan Collaborative Improvement & Innovation Network (JCAIIN) and the public portal of FL MIECHV LMS.
- Family Experience Highlighted in New Reports**
New reports from the FL MIECHV Evaluation Team at the USE Lawton & Shea offices highlight the experience of families participating in home visiting programs through two unique information gathering methods. In the 2017 FL MIECHV Evaluation Photovoice Report, program participants were asked to take pictures that represented their experiences as a parent, meaningful to them in their own lives, and experiences with their home visitor. The goal of the report was to gain unique insight into participants' perceptions of engagement and retention. *Photovoice* was used to explore perceptions of engagement and retention by having researchers shadow home visitors for a typical work day. Validated tools and interviews were used to measure home visitor and participant engagement during visits.
- FL MIECHV Process Featured in Manual**
FL MIECHV's processes for oversight of local site contracts and annual site visit are highlighted in the new *Subsequent Oversight Manual for Materials, Information, and Data Collection*. The manual, which is managed by FHS's Health Equity, Community Engagement, and Accountability team, provides for ensuring contract and program accountability.
- PAT+ Showcased in Trauma Compendium**
The *Parents As Teachers Plus (PAT+)* program was featured in *Creating a Culture of Learning: A Showcase of Florida's Early Childhood Learning Initiatives* published by the Florida Department of Education. The book, which is published by a recent state co-lead investigator Dr. Vincent Felitti, explores the landmark study on Adverse Childhood Experiences (ACEs). PAT+ focuses on substance-involved families.

Communicating Results: Evaluation Reports

Assessing Stress, Coping, and Mindfulness among Home Visiting Staff in the Florida Maternal, Infant, & Early Childhood Home Visiting Program

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 University of South Florida, ¹College of Public Health, ²Department of Community & Family Health, ³Department of Epidemiology & I

Background

- The Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) program serves pregnant women and families with young children living in 22 high-risk communities. In this program, health professionals (home visitors, supervisors, and administrators) experience stress related to their roles.
- Working in stressful environments has been shown to significantly impact the physical and mental health of healthcare and social work providers, resulting in burnout, compassion fatigue, high staff turnover, and a negative workplace culture.
- This Florida MIECHV initiative strives to equip staff with mindfulness-based stress management skills to enhance their practice, and decrease work-related stress and burnout through an 8-week online program with half-day in-person retreats at the beginning and end of the series, developed by the University of Florida Health Integrative Medicine Program (<https://health.usf.edu/integrative-medicine/>).



Objectives

- The purpose of this study was to assess perceptions of staff stress and coping prior to introducing a Mindfulness-Based Stress Reduction (MBSR) program for MIECHV home visitors, administrators, and supervisors.

Methods

- To accurately measure current perceptions of stress, coping, and mindfulness, a multiple-baseline survey consisting of psychometrically-validated measures was completed by staff prior to implementation, including:
 - Perceived Stress Scale → Professional Quality of Life Scale (ProQoL)
 - Adverse Childhood Experiences (ACEs) Scale → Toronto Mindfulness Scale
- During fall 2024, online surveys were sent to the home visitors, administrators, and supervisors representing 14 MIECHV sites.
- Qualtrics software was used to collect surveys and to generate descriptive statistics.



Figure 1. Timeline of comprehensive Mindfulness-Based Stress Reduction Project

Survey Participant Demographics

Table 1. Participant characteristics by MBSR survey

Characteristic	Baseline (n=17)	Survey 2 (n=24)	Survey 3 (n=24)
SEX			
Male	12 (71%)	12 (50%)	12 (50%)
Female	5 (29%)	12 (50%)	12 (50%)
RACE			
White	20 (76%)	20 (83%)	20 (83%)
Black/African American	4 (24%)	4 (17%)	4 (17%)
Other	0 (0%)	0 (0%)	0 (0%)
EDUCATION			
High School Graduate	12 (71%)	12 (50%)	12 (50%)
Some College	1 (6%)	1 (4%)	1 (4%)
Associate Degree	1 (6%)	1 (4%)	1 (4%)
Bachelor Degree	1 (6%)	1 (4%)	1 (4%)
Master's/Doctoral/PhD	2 (12%)	2 (8%)	2 (8%)
ROLE IN ORGANIZATION			
Home Visitation Supervisor	12 (71%)	12 (50%)	12 (50%)
Supervisor	1 (6%)	1 (4%)	1 (4%)
Home Visitor	4 (24%)	11 (46%)	11 (46%)

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Our Practice Is Our Passion

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MIECHV Evaluation Overview Hillsborough County



Focus groups and interviews conducted with NFP staff in Hillsborough County.

What do you consider the biggest strength(s) of your program?

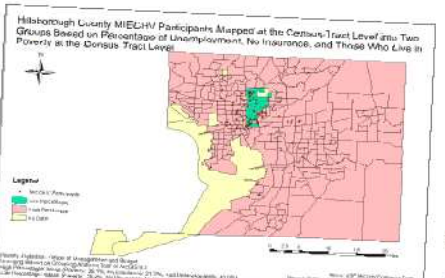
The MIECHV program staff from Hillsborough County expressed that being ingrained in the community, as opposed to in a hospital, was a critical strength of their program. The NFP staff further elaborated on the strength of having an evidence-based program, as well as having powerful community partnerships. Ultimately the NFP staff found it advantageous to have a NFP curriculum that enables nurse home visitors to provide numerous types of support, professional guidance, and a nurturing friendship with the families.

"Wow, biggest strength. It is evidence-based. It has got a proven track record by virtue of the three randomized controlled trials that David Olds conducted."

"That we can change some woman lives, family, and have better outcomes with their children."

"We are their mentors, educators, social support because we can also give some referrals, and we have a liaison within the community."

"I truly think it's how strong our community is and with maternal child coalition, they've always chaired the Our Partnership Committee, you know, our partnership committee, and we just have real strong community partners who've come to the table."



What do you think are the most important outcomes of the program?

Hillsborough County's MIECHV program staff stated a number of important outcomes of their program including the ability to empower women, teach self-sufficiency, and encourage responsible parenting practices. The staff also voiced how getting mothers ready for a healthy pregnancy was crucial, being that the goals of the program include helping women plan full-term birth and decreasing infant mortality rates. Other noteworthy outcomes for mothers enrolled in the MIECHV program included building stronger bonds between the mother and her baby and strengthening parenting skills, the latter of which can help with stress reduction.

"I think the self-sufficiency part, I really compare it to my family and our parents being born in a depression and all the programs that the government had to really improve the lives of so many Americans."

"...to teach them and simulate how to motivate a child to learn because their brains are growing."

"I think your outcome data would be clearer if you were also looking at the structure of the family."

What are some outcomes of the program that would be hard to measure?

Hillsborough County's MIECHV program staff identified themes among participants that were hard to measure, such as quantifying the desire of their clients to become self-sufficient. The staff also mentioned how it would be difficult to measure the impact the Nurse-Family Partnership program has on positive pregnancy outcomes.

"Self-sufficiency, a healthy baby, a bonded child that feels secure for future relationships"



Supported By:

Hillsborough County Department of Health and Senior Services

Practice & Passion

The Institute and Clinic for Healthy Mothers and Babies

Participants:

Family?

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County.

9/15/20

For more information

<https://health.usf.edu/publichealth/research/chiles/miechv/state-evaluation>

Photovoice

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Thank you for your participation!

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