

# The Chiles Center for Healthy Women, Children, and Families: Florida Maternal Infant, and Early Childhood Home Visiting Evaluation 10/1/19 – 9/30/20 (FY19, X10MC29478)

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## **Progress to date**

### *Overview*

Florida MIECHV will continue existing state-led evaluation efforts which include ongoing activities and studies used to inform implementation of the home visiting initiative, as well as conduct a new state-led evaluation focusing on father engagement.

The University of South Florida (USF), Chiles Center for Healthy Women, Children, and Families Evaluation Team has been conducting a comprehensive evaluation of the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative for five years, balancing neutrality with participatory program evaluation. The evaluation team maintains a strong collaboration with the Florida Association of Healthy Start Coalitions (FAHSC) state MIECHV team, the home visiting model developers, and selected communities by participating in learning collaboratives, on-site focus groups and interviews with staff, and statewide calls and meetings. The evaluation designs are theory-based, examine multiple levels of implementation, and use triangulation of mixed methods to understand implementation processes, measure outcomes, and to disseminate findings. Evaluation plans, reports, and presentations can be found on the Florida MIECHV website (<http://www.flmiechv.com/what-we-do/measuring-results>) and USF MIECHV Evaluation website (<http://health.usf.edu/publichealth/chiles/miechv>).

### *Previous Evaluations*

The prior evaluations used multiple theoretical models to guide instrument development and analysis (Diffusion of Innovations, Collective Impact, Social Support, Coordinated Framework for Implementation Research, Theory of Planned Behavior) and a variety of innovative research methods, including qualitative (Participant interviews, Staff focus groups, Discussion groups, Journey Mapping, and Photovoice), quantitative (pre-post surveys, Florida Home Visiting Information System [FLOHVIS] data analysis, data linkage), social network analysis, and spatial analysis. Evaluators have conducted participatory evaluation annual site visits to review results with MIECHV staff, collect feedback on findings, and gather input on next steps and pressing issues for further evaluation. Using MIECHV data linkage to other datasets (vital statistics, child maltreatment), the evaluation has assisted with measurement of benchmark outcomes in each MIECHV community related to prenatal care and child maltreatment, and GIS mapping of social risk factors. Analyses related to specific MIECHV sub-populations such as adolescent mothers and participants experiencing stress and depression have also been conducted. Also ongoing is our assessment of collaboration and systems development in each community (Community Coalition Action Theory and Collective Impact Framework) using the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER) Survey (<http://www.partnertool.net/>). Additionally, 25-50 telephone interviews conducted each year with program participants provided further insight into the impacts of the program and participant needs (food security, neighborhood safety, health and mental healthcare), including special populations such as immigrants, Spanish- and Creole-speaking families, and adolescents.

### *Engagement & Retention (FY16)*

This component of the previous evaluation focused on gaining an extensive understanding of engagement and retention in the MIECHV program through multiple perspectives and identifying strategies for improvement. Research questions for the 2016-2018 evaluation included: 1.) How does collaboration and systems development occur at the state and community levels in Florida MIECHV?; 2.) How do MIECHV program administrators and staff describe the needs of families served, in relation to community referrals and participant engagement and retention?; 3.) What are the patterns of engagement, home visit completion,

and enrollment/retention for participants in each MIECHV community?; 4.) How do participants describe their own needs?; and Q5.) How do participants and staff perceive and describe engagement and retention in MIECHV? Multiple methods were used including interviews with former participants, staff focus group discussions, a Photovoice project in which participants captured parenting and home visiting experiences in pictures, and a journey mapping process in which home visitors' and parents' engagement in home visits were observed and documented.





As part of our ongoing work with Florida MIECHV, the USF Evaluation team will continue to participate in statewide and national MIECHV activities (calls, meetings, and CQI projects) and to consult on analysis of MIECHV data and linkage to other datasets (vital statistics, child maltreatment, PRAMS) in order to assist with measurement of benchmark outcomes, understanding of factors impacting engagement and retention, and to identify program participant characteristics and outcomes. Our previous evaluations utilized various methods to understand, assess, and describe program engagement and retention within the ecology of the home visitor and client relationship and systems of care. We found that some facilitators of program engagement included the use of incentives for participation in activities, interactive skill-building and education strategies, and family support. Key facilitators of program retention include enrollment during pregnancy, provision of needed resources and education, flexible scheduling, language concordance and cultural competence, intentionality, supportive extended family, positive interactions, and expectation fulfillment. Barriers to engagement and retention included irregularity of home visits, environmental distractions, paperwork, and travel time. Home visitors express great satisfaction in helping parents develop knowledge and skills and observing children's development, and parents describe the many ways that the home visiting program supports them throughout their pregnancy and parenting. We recognized the impact of housing instability, social and economic crises, mental health and substance abuse issues, and family and community violence on participant engagement and retention; thus, the community connections/collective impact that MIECHV programs foster are essential. We also learned that innovative methods for collecting data, such as social network analysis, alumni interviews/focus groups, Photovoice, and Journey Mapping, yielded new perspectives and important information about staffs' and participants' expectations and perceptions of the MIECHV programs. These innovative methods will be used to explore father/male involvement, as described in the section below.

Through discussions with alumni, our evaluation found that understanding and meeting clients' expectations could potentially increase client engagement and retention. The importance of a quality relationship with their home visitor, and positive home visitor-participant interactions that enabled clients promote their children's happiness and learning, was highlighted through the Photovoice project. Throughout these evaluations, both home visitors and participants have touched on the broader context in which parents are living, including the physical environment (housing, neighborhood) as well as the social environment that includes partners/spouses, grandparents/in-laws and other extended family members, and friends or roommates. Less is known about the role that these significant others play in the MIECHV programs.

#### *Baby's Best Sleep (FY17)*

Over the past three years, the USF Chiles Center Research and Evaluation team has conducted research on promotion of safe infant sleep practices throughout Florida. In 2016, a statewide evaluation of safe sleep interventions was conducted as part of the Florida Healthy Babies Initiative, which included analysis of SUID rates by county using vital statistics birth and death records, a literature review, health education and policy analyses, and focus groups with Healthy Start Coalitions, MIECHV, and other community program staff. In 2016-2017, the team developed an evaluation tool for the Safe Baby program ([healthysafebaby.org](http://healthysafebaby.org)) and conducted bilingual formative research on the parent survey. In 2017, in anticipation of targeted efforts focused on the new safe sleep benchmark, Florida MIECHV asked the evaluation team to collect some feedback from home visitors who were undergoing Safe Baby curriculum training on their experiences, successful strategies, challenges, and other considerations for promoting safe sleep within the MIECHV

program. There were eight focus groups conducted with staff across the state to gather feedback on how MIECHV staff conceptualize safe sleep, what works and doesn't work in their experience in promoting safe sleep with families (including curricula, materials, and furnishings), and particular subpopulations or context-specific circumstances placing MIECHV participants at higher risk for unsafe sleep practices. The evaluators also used an adaptation of the Safe Baby parent survey to conduct 50 interviews with mothers, fathers, and other caregivers of infants enrolled in Florida MIECHV programs. These FY 17 MIECHV activities are referred to as an evaluation component called "Baby's Best Sleep". The research questions included: 1) What are current infant sleep practices among Florida MIECHV participants who have infants ages birth to five months?; 2) What are current infant sleep practices among Florida MIECHV participants as observed by home visitors?; 3) How do MIECHV parents/caregivers perceive the feasibility, utility, and acceptability of baby boxes or other sleep furnishings?; and 4) How do MIECHV staff perceive the feasibility, utility, and acceptability of baby boxes or other sleep furnishings?. Focus group discussions revolved around the home visitor's experiences working with families to promote safe infant sleep practices, client's interest in various infant furnishings, current infant sleep practices in relation to recommended guidelines, and what factors seem to influence parents the most when placing their baby to sleep. Staff also completed a brief survey denoting their perceptions of the potential feasibility, utility, and acceptability of baby boxes and other sleep furnishings. Additionally, the team collected feedback from MIECHV participants on their trusted sources of information for infant sleep guidance, current practices, and preferences for infant sleep furnishings to help the state team and programs decide on their best approach to safe infant sleep promotion for the next project period. All MIECHV participants with infants ages 0-5 months were invited to participate in a telephone interview regarding their knowledge, attitudes, beliefs, social norms, infant sleep practices and furnishings. Those interview participants' other caregivers (baby's father, participant's significant other, grandparent, aunt, babysitter, etc.) were also invited to participate in an interview. Interviews were conducted in English, Spanish, and Haitian-Creole and all interviewed caregivers received a \$25 gift card for participation. Our aim was to conduct interviews with 2-3 parents and one additional caregiver per site (stratified random sample of eligible families enrolled in 17 sites). Forty-three interviews were conducted with mothers, and seven additional interviews were conducted with fathers, grandmothers, and one aunt who also care for the enrolled infants.

 <b>Background: 2017</b>	 <b>Phase I: 2018</b>	 <b>Phase II: 2018-2019</b>	 <b>Phase III: 2019</b>
<ul style="list-style-type: none"> <li>• Florida Safe Sleep Evaluation - Healthy Babies Initiative</li> <li>• Hillsborough Safe Baby Evaluation</li> <li>• MIECHV focus groups with staff and participant interviews (mothers, fathers, caregivers)</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory of current MIECHV program practices</li> </ul>	<ul style="list-style-type: none"> <li>• Focus groups with new sites</li> <li>• Photovoice with parents and caregivers</li> <li>• Safe sleep survey with parents</li> </ul>	<ul style="list-style-type: none"> <li>• MIECHV data analysis</li> <li>• Triangulate findings</li> <li>• Disseminate results</li> </ul>

*Use of Evaluation Findings*

As a result of the FY17 evaluation findings, the Florida MIECHV initiative implemented Safe Baby curriculum training statewide, and LIAs have looked to the evaluation results to make decisions on the best furnishings to provide, populations of focus, messaging, and social and environmental considerations. Results of this evaluation have also helped to inform CQI efforts (development of a change package and CQI toolkit) to improve rates of safe sleep practices among MIECHV participants. These results are disseminated on monthly calls and through distribution of research briefs, posters/one-page handouts, and comprehensive reports.

FY 15-16 Engagement & Retention	FY 17-18 Infant Sleep Practices	FY19-20, 20-22 Father Involvement
Identified contextual and relationship factors impacting parents' experiences in the program.	Recognizing influences of environmental and social context (including other caregivers) on parents' adherence to MIECHV recommended practices.	Explores how MIECHV engages the fathers to improve engagement and adherence to recommended practices.
<ol style="list-style-type: none"> <li>1. How does collaboration and systems development occur at the state and community levels in Florida MIECHV?</li> <li>2. How do MIECHV program administrators and staff describe the needs of families served, in relation to community referrals and participant engagement and retention?</li> <li>3. What are the patterns of engagement, home visit completion, and enrollment/retention for participants in each MIECHV community?</li> <li>4. How do participants describe their own needs?</li> <li>5. How do participants and staff perceive and describe engagement and retention in MIECHV?</li> </ol>	<ol style="list-style-type: none"> <li>1. What are the current practices of FL MIECHV programs for promoting safe infant sleep practices among participants?</li> <li>2. What are current infant sleep practices among MIECHV participants as observed by home visitors and as reported by participants?</li> <li>3. How do MIECHV staff and participants perceive the feasibility, utility, and acceptability of baby boxes or other sleep furnishings?</li> <li>4. What impact do MIECHV staff (new sites) and participants perceive that the MIECHV program has on parents' infant sleep practices?</li> <li>6. What facilitators and barriers do MIECHV home visitors and participants face in promoting and implementing safe sleep arrangements?</li> <li>7. What do MIECHV participants identify as important factors that impact their decisions and actions related to infant sleep practices?</li> <li>8. What is the association between various MIECHV intervention approaches and participants' infant sleep practices?</li> <li>9. What are the rates of safe infant sleep practices among MIECHV participants?</li> <li>10. Has there been a change in the MIECHV rate of safe sleep practices over time? (2017-2019)?</li> </ol>	<ol style="list-style-type: none"> <li>1. What are the current practices of FL MIECHV programs for promoting father engagement?               <ol style="list-style-type: none"> <li>a. How do MIECHV staff define father engagement?</li> <li>b. Is there a specific curriculum used for fathers?</li> <li>c. What are the current methods used to encourage father participation?</li> <li>d. What are the current methods used to measure father engagement and retention?</li> <li>e. What are the facilitators and barriers in promoting father/male engagement?</li> <li>f. How do staff perceive that father engagement currently impact outcomes for MIECHV families?</li> </ol> </li> </ol>

Gaps identified from previous evaluations are used to design subsequent evaluations so that they can inform program innovations that address those gaps. One example is the revelation of the significant role that fathers (and other caregivers) play in safe sleep practices as well as how they can influence child outcomes. This finding inspired the FY18 evaluation which will focus on understanding how Florida MIECHV programs support the role that fathers/father figures play in the maternal and child health of MIECHV participants, and how the MIECHV program can include specific components to support father involvement and subsequently impact outcomes. Although mothers enrolled in MIECHV may or may not be married, they often are influenced and supported by significant others in their lives (e.g. extended family, friends, boyfriends/partners). Our previous evaluations on infant sleep practices and program engagement revealed that these significant others are not consistently receiving the MIECHV curriculum or services and may help or hinder mothers' ability to carry out their program goals or recommendations.

## 1.) Evaluation Plan for FY18: Spotlight on Father Involvement

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### Overview - Game Changer: Examining Father Involvement and Engagement in the MIECHV Program



As part of our ongoing work with Florida MIECHV, the USF Evaluation team will continue to participate in statewide and national MIECHV activities (calls, meetings, and CQI projects) and to consult with the state team on analysis of MIECHV data and linkage to other datasets (vital statistics, child maltreatment, PRAMS) in order to assist with measurement of benchmark outcomes and to identify program participant characteristics and outcomes as needed. Furthermore, this new evaluation will utilize various methods to build upon our understanding, assessment, and prior descriptions of program engagement and retention within the ecology of the home visitor and client relationship, the family, the community, and systems of care. Our previous evaluation found that some facilitators of program engagement include the use of incentives for participation in activities, interactive skill-building and education strategies, and family support. Key facilitators of program retention included enrollment during pregnancy, provision of needed resources and education, flexible scheduling, language concordance and cultural competence, intentionality, supportive extended family, positive interactions, and expectation fulfillment. Barriers to engagement and retention included irregularity of home visits, environmental distractions, paperwork, and travel time. Home visitors express great satisfaction in helping parents develop knowledge and skills and observing children's development, and parents describe the many ways that the home visiting program supports them throughout their pregnancy and parenting. Furthermore, through discussions with alumni, our evaluation found that understanding and meeting clients' expectations could potentially increase client engagement and retention. The importance of a quality relationship with their home visitor, and positive home visitor-participant interactions that enabled clients promote their children's happiness and learning, was highlighted through the Photovoice project. Throughout these evaluations, both home visitors and participants have touched on the broader context in which parents are living, including the physical environment (housing, neighborhood) as well as the social environment that includes partners/spouses, grandparents/in-laws and other extended family members, and friends or roommates. Less is known about the role that these significant others play in the MIECHV program.

Recognizing research indicating that male/father involvement can be a "game changer" for family well-being (Panter-Brick, et al., 2014), Healthy Families Florida, Florida Healthy Start, and Florida MIECHV are working to improve father engagement in the MIECHV program. As of May 2018, MIECHV sent out an Invitation to Negotiate seeking a consultant to assist with the development of a Father Engagement Initiative, in which systems coordination, staff expertise, participant motivations, and MIECHV's commitment to evidence-based practice across program models come together to improve outcomes for families. The 2019-2020 evaluation will include a component that focuses on examining: current methods employed by the MIECHV program to engage fathers in the program; the extent of father engagement in the MIECHV program and in child care and upbringing; and related facilitators and barriers to father engagement. Fathers are often overlooked in their role in childrearing and promoting the development of

their children despite evidence that associates positive outcomes with father engagement and involvement (Guterman, Bellamy, & Banman, 2018). Active father involvement has been linked to positive child development outcomes, improved child medical outcomes, and improved parental well-being (Allport et al., 2018; Wysocki & Gavin, 2006). Trends demonstrate increased father involvement in recent years despite the parallel rise in single parenthood (Jones, & Mosher, 2013; Parker, Horowitz, & Rohal, 2015). Young fathers have been found to be as motivated to be engaged and involved as older and more experienced fathers (Sandstrom, Healy, Gearing, & Peters, 2015). While current home visiting models and curricula are tailored to service high-risk pregnant women, women with young children, and low-income families, they often lack efforts to engage and improve father involvement (Sandstrom, Gearing, Peters, Heller, Healy, & Pratt, 2015). Young parents are a particular challenge to engage because of difficulties in recruitment, relationship instability and level of maturity (Sandstrom, Healy et al., 2015). Many factors influence a father's involvement in upbringing and engagement such as perceived level of responsibility, culture, mother-father relationship, child characteristics (i.e., gender and age), and perceived parenting skills (Sanderson, & Sanders Thompson, 2002). Studies show that father involvement is often highest when children are younger and dwindles with time (Duggan et al., 2004; Reichman, Teitler, Garfinkel, & McLanahan, 2001). Father involvement and engagement is of particular importance for the Florida MIECHV as it serves families that experience higher risks for poor birth and developmental outcomes. A study conducted in Florida of over a million infants found that lack of father involvement was linked to a four-fold increased risk of both Black and White infant mortality, as well as, increased risks for preterm and low birth rates (Alio et al., 2010).

## Evaluation Design and Analysis

Because little is known about father involvement and engagement in MIECHV, an exploratory cross sectional qualitative research design will be used for the process evaluation examining the perceptions and activities of MIECHV program staff (and mothers and fathers in FY19) on this topic. For the purpose of this evaluation, **fathers include any male – biological father or otherwise – assuming the role of father-figure to an infant or child enrolled in the MIECHV program.** To begin this exploration, fully understanding existing best practices and strategies used in Florida MIECHV implementing agencies (LIAs) is necessary. Some LIAs have created father involvement programs and initiatives, and others may be planning them. Furthermore, additional training is planned by the Florida MIECHV state team to be implemented in fall 2019.

Therefore, the first step in the evaluation is to conduct a literature review of theoretical frameworks, strategies, and measures of father involvement utilized in home visiting and other family support programs that are recognized in the literature. Additionally, as this utilization-focused evaluation aims to identify successful practices and needs for the Florida MIECHV initiative specifically, the team will utilize qualitative methods to understand the perceptions and activities of Florida MIECHV LIA directors, supervisors and staff, as well as measurement strategies utilized in these programs. Qualitative methods are appropriate for this study, as staff perceptions and rich descriptions of their activities, successes and challenges can be elicited through focus groups and interviews. A survey at this early stage in the evaluation of this topic may miss important contextual, psychological, or organizational/programmatic factors that may emerge from the qualitative research. Furthermore, program staff may not recognize their strategies as formal ‘father involvement approaches’ but may, in fact, be using them; these strategies may be under-reported on a less developed/informed survey. Finally, barriers, facilitators, and key drivers for father involvement are best elicited using qualitative (versus quantitative) methods, which allow for further probing and exploration of topics that arise. In addition, we will review the literature and the LIAs input and activities to create a statewide Florida MIECHV Father Involvement driver diagram and change package. This phase of the evaluation will provide the state team with guidance to be used in 2019-2020 training and will inform the LIAs of strategies that have been used successfully elsewhere so that they may test those strategies informally, or more formally using a continuous quality improvement (CQI) approach that they are all familiar with.

Schindler, Fisher, and Shonkoff (2017, p.3) recognized that in order to move from innovation to impact, “A productive, shared learning process requires that each strategy in the [Washington State Innovation] Cluster generates the following: (a) detailed intervention materials; (b) an explicit theory of change (TOC); and (c) an evaluation plan that is closely tied to the TOC [theory of change].” The Florida MIECHV initiative has several years of experience with structured, collaborative CQI projects and the LIAs are familiar with the concept and testing/implementation of driver diagrams and change packages. While logic models are helpful in understanding the inputs (resources and contributions), activities, outputs, outcomes and impacts of a program (Eldridge, et al., 2016), driver diagrams are arranged to identify key primary and secondary drivers of desired changes (Institute for Healthcare Improvement, 2003). This activity is aligned with a utilization-focused evaluation approach (Patton, 2008) which describes and also facilitates further planning and implementation of programs. If all of these logic models components are well described and aligned, the theory of change should be evident and evaluation objectives and measures can be easily developed. Once a baseline inventory of practices is created, quantitative measures (staff and parent surveys, secondary data analysis) can be developed for Phases 2 and 3.

The population of focus for Phase 1 is all Florida MIECHV staff, which consist of the state leadership team, and 91 home visitors and 41 other staff in 17 total sites (FL MIECHV, 2018). We intend to include all staff in the evaluation, recruited via email with facilitation from program managers and supervisors. Focus groups will be conducted with each of the individual sites, or with separate small groups of supervisors or home visitors from combined sites and regional or statewide meetings. Supervisors will be separate from home visitors so that the staff are comfortable speaking freely about their experiences and concerns. Supervisors and other management staff also tend to focus on administrative/organizational factors, while home visitors report on their work directly with enrolled families and barriers, facilitators, strategies used in the field. The maximum participation in each group is typically up to 15 so that all staff have the opportunity to contribute to the conversation.

#### *Theoretical Framework.*

In order to understand the program enhancements and modifications that Florida MIECHV sites are making to improve father engagement in the program, the evaluation team will identify the theoretical underpinnings of the interventions. While not always articulated in a logic model, programs and interventions often conduct activities with the assumption that they will impact knowledge, attitudes or behaviors, or promote the benefits of a program while reducing barriers to participation. For example, the Theory of Planned Behavior (TPB) is a theory that links knowledge and beliefs to behavioral intentions. According to TPB, behavioral intentions - in this case fatherhood engagement - are influenced by: a.) a person’s attitude toward performing the behavior; b.) beliefs about whether individuals who are important to the person (spouse/partner, extended family, friends, etc.) encourage or facilitate the behavior (subjective norms); and c.) perceived behavioral control (the beliefs that a person can control a particular behavior) (Ajzen, 1991; Glanz, Rimer, & Viswanath, 2008; Poss, 2001). The combination of these theoretical models produces the Integrated Behavior Model which further breaks down core constructs that mirror those of the TPB (i.e., attitudes, perceived norms, and personal agency) (Allport et al., 2018; Poss, 2001). For example, attitudes are described as experiential or instrumental (i.e., emotional response and potential outcome of behavior, respectively) and perceived norms are further delineated as injunctive and descriptive (i.e., norms influence by others' expectations and actions) (Allport et al., 2018).

The Health Belief Model (HBM), posits that five key constructs are required for engagement in health-promoting behavior – perceived threat (perceived susceptibility and perceived severity), perceived benefits and barriers to adopting a certain behavior, cues to action, and perceived self-efficacy. HBM has been used to explain various parental health behaviors, including child vaccination (Meszaros, et al., 1996; Smailbegovic, Laing, & Bedford, 2003), prenatal screening (Sagi, Shiloh, & Cohen, 1992), and developmental screening (Marshall, Coulter, Gorski, & Ewing, 2016). The HBM has similar components to the IBM in that the HBM evaluates perceptions and intentions (or likelihood of action)

but is different in its inclusion of modifying factors and perceived threat. Special attention to cultural and traditional factors will shed light on how they fit into a theoretical model or act independently on parents' perceptions, intentions and behaviors. The results of the father involvement evaluation can be used to tailor the MIECHV initiative's approach, messaging, and materials to the target population and encourage participation. Phase 1 of the evaluation will consider theoretical constructs inherent in each intervention as described in their father involvement logic models and through qualitative analysis of focus groups and interviews. **Table 1: Potential Influencing Factors for Father Engagement within MIECHV Programs**

Modifying/Background Factors	Psychosocial Factors	Decision-Making Factors	Behavioral Factors
Exposure to/knowledge of program opportunities	Knowledge	Perceived control	Intentions
Socioeconomic Status	Attitudes	Perceived benefits	Behaviors
Family structure	Beliefs	Perceived barriers	
Family, culture, and traditional practices	Social	Cues to action	
Individual circumstances (e.g. employment schedule)	Norms		
Environment (living space)			

Study questions for the *Game Changer: Father Involvement in MIECHV Evaluation Phase I (2019-2020)* that aims to describe and understand MIECHV program methods for engaging fathers include:

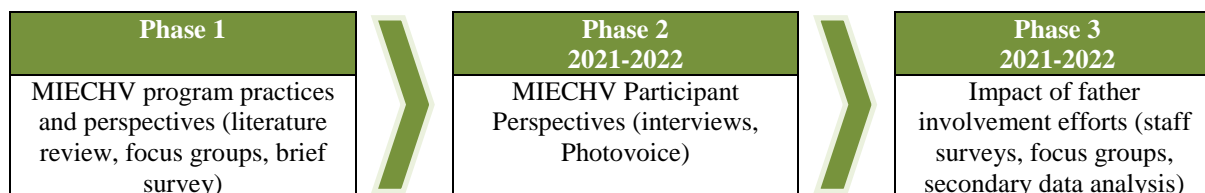
1. What are the current practices of Florida MIECHV programs for promoting father engagement?
  - a. How do MIECHV staff define father engagement?
  - b. Is there a specific curriculum used (information, educational materials, promotional items) for fathers/male figures?
  - c. What are the current methods used to encourage father participation?
  - d. What are the current methods used to measure father engagement and retention?
  - e. What are the facilitators and barriers in promoting father/male involvement engagement?
  - f. How do staff perceive that father engagement currently impact outcomes for MIECHV families?

Focus groups with state leads, site administrators and supervisors, and with home visitors will be held separately to ensure that participants feel comfortable speaking freely (protect confidentiality) and that conversations can be tailored to the appropriate level or perspective based on staff roles and responsibilities. Privacy will be maintained by not collecting personal identifiers and by reporting results in aggregate, with quotes selected to maintain anonymity of participant (e.g. will not report role and site along with quote if only one participant is in this role). Analyses will consist of descriptive statistics of participant characteristics drawn from a brief demographic survey, descriptive statistics from a brief questionnaire asking about father involvement attitudes, beliefs and practices (self-developed or validated if one is identified in the literature) as well as programmatic needs to support father involvement, and thematic qualitative analysis using a hybrid approach (*a priori* codes from focus group guide and emergent codes). All discussions will be digitally recorded and transcribed verbatim. Transcriptions will be reviewed with audio files to check for accuracy, then uploaded along with logic models into maxqda for analysis. Following an initial review of transcripts, a basic codebook will be developed, then two independent coders will code the first three transcripts to achieve consensus and to finalize the codebook (reviewing each transcript after coding). Inter-coder reliability (kappa of  $\geq .80$ ) will be determined. Then, the remaining transcripts will be coded and thematic analysis conducted. These sources – the literature, focus groups, and brief survey – will contribute to a thorough and detailed driver diagram that reflects and guides Florida MIECHV in improving (and eventually measuring) father involvement in the program.



The results of Phase 1 will inform the state program directly (regarding training, resources, and data needs), will facilitate information sharing among LIAs by consolidating findings into a report and driver diagram/change package. These results will also inform Phase 2 by providing necessary information for developing the Participant Perspectives protocol. The first two phases will inform the final phase by engaging all stakeholders and developing a measurement strategy in order to begin to measure the impacts of father involvement efforts.

**Figure 1: Study Design and Implementation Overview**



**Figure 2: Study Design and Implementation Diagram**

Implementation Timeline	
Apr-Jun 2019	<ul style="list-style-type: none"> <li>- Obtain review and approval of Evaluation plan</li> <li>- Finalize participant demographic/info sheet</li> <li>- Finalize site focus group guide and protocol (including draft logic model)</li> <li>- Conduct literature review</li> </ul>
Jul-Dec 2019	<ul style="list-style-type: none"> <li>- Create one page overview of evaluation design and methods</li> <li>- Invite sites and state leads to participate in staff focus groups surrounding discussions on current father participation within Florida MIECHV</li> <li>- Schedule and conduct focus groups</li> </ul>
Jan-Mar 2020	<ul style="list-style-type: none"> <li>- Conduct any additional focus groups</li> <li>- Transcribe audio files</li> <li>- Compile logic models</li> <li>- Check transcripts for accuracy</li> </ul>
Apr-Jun 2020	<ul style="list-style-type: none"> <li>- Conduct analyses</li> <li>- Create brief of findings (overview report and presentations)</li> </ul>
Jul-Sep 2020	<ul style="list-style-type: none"> <li>- Finalize report for MIECHV/OPRE</li> <li>- Findings summarized and disseminated through reports, presentations, and manuscripts</li> </ul>

**Data Collection Methods and Schedule – The Game Changer: Father Involvement Evaluation**

Research Question	Activity	Respondents	Frequency	Analyses
1. What are the current practices of Florida MIECHV programs for promoting father engagement? a. Is there a specific curriculum used (activities, events, information, educational	Staff focus groups	Florida MIECHV LIA and state-level staff	Once per site	Descriptive statistics Thematic qualitative analysis

materials, promotional items) for fathers/male figures? b. What are the current methods used to encourage father participation? c. What are the current methods used to measure father engagement and retention? d. What are the facilitators and barriers in promoting father/male involvement engagement? e. How does father engagement currently impact outcomes for MIECHV families?	Logic models created during focus groups			using a hybrid approach ( <i>a priori</i> codes from focus group guide and emergent codes)
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### Future evaluation research questions

Phase II (2021-2022): Through the lens of MIECHV participants

2. How do MIECHV participants (mothers and fathers) perceive the concept of father engagement within the program?
3. What do MIECHV participants/fathers identify as the most influential factors that impact father participation within the program?
4. What are the facilitators and barriers to fathers participating in MIECHV?

Phase III (2021-2022): Impact of Changes within MIECHV

5. What were the changes made to Florida MIECHV programs to encourage father/male participation?
  - a. How were these changes implemented? (Which sites, in what manner, optional, timeline)
  - b. What are the facilitators and barriers to implementing these changes?
  - c. How does MIECHV staff perceive the feasibility of implementing changes?
6. Has there been a change in the MIECHV the number of father/male participants? (2019-2022)?
  - a. How many fathers are currently engaged in the program?
  - b. How does father engagement impact outcomes for MIECHV families?

## Potential Limitations

No challenges are anticipated in reaching program sites during Phase I. To ensure the highest degree of participation, we will inform the programs ahead of time of evaluation purpose and methods, and recruit sites early so that the focus groups can be scheduled at their convenience (at LIA offices or at statewide meetings).

## References

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## 2) Interim Reporting to Inform Program Improvements

Detailed progress reports (See Timeline/Workplan) on implementation of the evaluation plan are submitted quarterly, and results are shared with the state team (including program manager, data manager, CQI leads, training and technical assistance leads, and site administrators) on monthly calls and through dissemination activities listed below. Also, an annual summary progress report on evaluation activities and resulting outputs is submitted, along with interim reports attached to quarterly updates and posted on the website. Data are used to plan program improvements, foci for future CQI projects, and additional grant funding activities (such as the competitive grant (2015-2017)).

## 3) Dissemination

Through utilization focused research, this evaluation will examine the inputs, activities, outputs and anticipated outcomes of interventions conducted in Florida MIECHV to promote father involvement and engagement in the program. The findings from the evaluation will be presented locally, regionally, and nationally in order to contribute to home visiting knowledge and also to facilitate translation from research to practice for subsequent local and statewide interventions. A compendium of current or recent interventions will be useful to all sites that are considering implementation, and could provide information to the state MIECHV initiative for further enhancements or trainings needed. The FY18 evaluation also lays the groundwork for FY19-20 evaluations which will explore participant perspectives and outcomes.

First, the USF MIECHV Evaluation Team will work with the FAHSC Learning Collaborative to increase state capacity through our process evaluation of the state and local systems facilitating measurement, training, and implementation of father involvement interventions. The iterative nature of the evaluation (updated as needed in response to emerging issues in home visiting, in communities, and feedback from participating program families, staff, and state MIECHV team partners), our emphasis on a collaborative approach to evaluation (i.e., evaluators solicit research questions and feedback on evaluation results from program staff), and the inclusion of process evaluation components is consistent with empowerment evaluation, which supports continuous learning and adaptation based on changing conditions and regular review and reflection on program data.

### Dissemination Plan

Stakeholder group	Format
Stakeholders/Public	Website, Presentations, Publications
HRSA	Written report as specified in DOHVE Final Report Evaluation Checklist
State Leadership Team	Written reports, Quarterly updates (summary of activities and reports), Consultation as needed

LIAs (Directors, Supervisors, Home Visitors)	Monthly calls, Emailed reports, Briefs and presentations (at site visits or focus groups), Printed compendium of full reports (annually or biannually)
Enrolled Families	Annual newsletter, evaluation overview handout for home visitors to distribute

Results can also identify lessons learned to help guide replication or scale-up of the innovations and successful practices. Thus, evaluation results will be disseminated via reports to FAHSC which are posted on the USF MIECHV Evaluation website ([miechv.health.usf.edu](http://miechv.health.usf.edu), URL: <http://health.usf.edu/publichealth/chiles/miechv/>) and on the Florida MIECHV website (<http://flmiechv.com/>). Additionally, evaluation results will be disseminated directly to Florida MIECHV providers, participants, and stakeholders via the monthly newsletter updates developed by FAHSC and short research briefs developed by the USF Evaluation Team. Finally, results will be presented at local, statewide, and national webinars, conferences, and disseminated via publication in peer-reviewed journals. These results will reflect the diversity of individual pilot sites and processes and will also provide a picture of the effects of MIECHV on child and family outcomes, and engagement in home visiting as a whole.

#### 4) Organizational Capacity and Key Personnel

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##### **Organizational Capacity**

Dr. Marshall’s research and evaluation team at the USF Chiles Center has successfully carried out the Florida MIECHV evaluation for five years as well as a 30-month MIECHV competitive grant evaluation. The team also conducts the Florida ECCS evaluation and other similar community-based, mixed methods, multilevel longitudinal evaluation studies. The team has sufficient trained personnel (faculty and graduate student research assistants), facilities, and infrastructure support to conduct the activities described in this evaluation plan.

##### **Staffing and Budgets**

- Jennifer Marshall, PhD, MPH, Research Assistant Professor, University of South Florida (USF), College of Public Health, Provides oversight and guidance for the Florida MIECHV evaluation. Dr. Marshall is a Research Assistant Professor in the Department of Community & Family Health in the College of Public Health at the University of South Florida. She holds a BA in psychology and child development from the University of Washington, MPH and PhD in public health from the University of South Florida and completed her post-doctoral research in special education and early intervention at the School of Education and Human Development at the University of Miami. Dr. Marshall conducts mixed-methods, community-based research in three primary areas: early identification of developmental issues; access to services and supports; and quality in health, education, and community services. Past projects include an examination of developmental screening and referral practices among health care, social services and early education agencies; parental recognition and response to developmental delays in young children; and enrollment and satisfaction with services following developmental screening.
- William Sappenfield, MD, MPH, CPH, Professor and Director of the Chiles Center has over 30 years of experience in maternal and child health research and practice at a community, state and national level. As both a pediatrician and epidemiologist, this project represents exactly the type of work that he has focused on over these years directly as well as taught, mentored and supervised others to do as well. He also works on national committees for conferences, training-workshops and journals for the field.

- Svetlana Yampolskaya, PhD, is a Research Associate Professor in the Department of Child & Family Studies, College of Behavioral and Community Sciences. Dr. Yampolskaya's research focuses on prevention of violence against children and improving outcomes for youth involved with the child welfare system. Her current research interests include prevention adverse outcomes for children in the child welfare system as well as advanced analytical and methodological approaches.
- Roneé Wilson, PhD is an Assistant Professor at the College of Public Health with a broad background in community-engaged research among underserved populations. She currently serves as the local evaluator for the federally-funded Central Hillsborough Healthy Start program and the Male Involvement program at REACHUP, Incorporated in Tampa, Florida. In this capacity, she is primarily responsible for performance monitoring and benchmark tracking. Her areas of expertise include program evaluation and quality improvement as well as the use of clinical and community data to strengthen community-engaged research activities and to support the sustainability of data infrastructure initiatives.
- Barbara Dorjulus, BS, MPH Epidemiology Student, is proficient in quantitative data analysis, has experience and training in child development, and is fluent in Haitian Creole
- Laura Kihlstrom, MS, is an MPH Maternal Child Health Student and a doctoral candidate in the Department of Anthropology who is from Finland and has conducted international studies in Ethiopia and the U.S. She has training and experience in qualitative and quantitative research.
- Vidya Chandran, MPA, is an MPH Maternal and Child Health Student with a post-graduate certification in Epidemiology from India. Vidya has experience working with women and children from the lowest socioeconomic strata in rural India with the National Health Mission (NHM) as a Maternal and Child Health Consultant. She has experience in qualitative and quantitative data collection, analysis and writing reports. Projects included planning the implementation of National Health Programs for FCC (Family Centered Care), Dakshata (for quality improvement of intrapartum care), Retrospective Tracking of Near-miss Maternal Deaths, and Maternal and Child Death Review.
- Tara Foti, MPH, Doctoral Student, University of South Florida (USF), College of Public Health has expertise in program evaluation, quantitative and qualitative analysis.
- Igbabgbosanmi (Sanmi) Oreiden, MBBS, MPH Student, University of South Florida (USF), College of Public Health has worked as a physician with the Red Cross, Youth Service Corps, and in hospitals in the United Kingdom and Nigeria, and has worked as a public health researcher and evaluator at USF. Sanmi has expertise in conducting interviews with mothers of newborns and conducting focus groups with home visitors.
- Pamela Birriel, PhD, MPH, has worked with the MIECHV evaluation since 2013. Doctor Birriel's dissertation explored the Nutritional Needs, Roles, & Expectations of Hispanic/Latina Breast Cancer Survivors after Treatment using the Stress and Coping Model. She has extensive research experience in community & family health and is also fluent in Spanish.

## Budget

Program Director/Principal Investigator (Last, First, Middle):

Marshall, Jennifer

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	FROM 10/1/19	THROUGH 09/30/2020
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List PERSONNEL (Applicant organization only)

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Months	Acad. Months	Summer Months	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Marshall, Jennifer	PD/PI	2.4			102,511	20,502	7,649	28,151
Sappenfield, William	Investigator	0.12			189,600	1,896	539	2,435
Svetlana Yampolskaya	Child Welfare Data Analyst	0.12			95,059	951	369	1,320
Ronee Wilson	Investigator	0.6			107,553	5,378	1,958	7,335
Laura Khilstrom	Research Assistant - Coordinator	6			50,363	25,181	2,415	27,596
Vidya Chandran	Research Assistant	6			34,624	17,312	2,413	19,726
Pamela Birriel	Research Assistant – OPS	3			41,969	10,492	2,412	12,904
Tara Foti	Research Assistant – Data Analyst	3			49,436	8,239	2,412	10,651
Igbagbosanmi Oredein	Graduate Research Assistant	6			34,452	5,742	2,411	8,153
Barbara Dorjulus	Graduate Research Assistant	3			34,624	8,656	2,412	11,068
<b>SUBTOTALS</b> →						104,349	24,990	129,339
CONSULTANT COSTS Focus Group Transcription								3,947

EQUIPMENT <i>(Itemize)</i>		
SUPPLIES <i>(Itemize by category)</i>		
Computers		
Recorders and materials for focus groups		
Copies		
Postage		
Software		5,484
TRAVEL		
Focus group travel		
MIECHV Meetings		
Conference Presentation, Training		12,000
INPATIENT CARE COSTS		
OUTPATIENT CARE COSTS		
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>		
OTHER EXPENSES <i>(Itemize by category)</i>		
Tuition		
IRB Costs		31,048
CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Item 7a, Face Page)</i>		<b>\$ 181,818</b>
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>		<b>\$ 181,818</b>



## **Budget Justification**

### **Staffing and Budgets**

#### **PERSONNEL**

##### *Faculty*

- Jennifer Marshall, PhD, MPH Principal Investigator (0.20 FTE) will provide oversight, coordination, and guidance for all parts of the evaluation process, including design, data collection (non-ETO data), data analysis, and report writing; administrative responsibility and supervision of graduate students; coordination with ETO administrator and communities; data quality activities; and product development.
- Bill Sappenfield, MD, MPH, Co-Investigator (0.01 FTE) will contribute to oversight for data source linkages between the ETO System and external databases for the benchmarks and metrics; will participate in data monitoring/quality activities; and will assist in data interpretation and analysis.
- Svetlana Yampolskaya – (0.01 FTE) to conduct data analysis and linkage for benchmark reporting
- Ronee Wilson – (0.05 FTE) to assist with qualitative research (focus groups), study design and analysis and literature review.

##### *Students*

- 3 Graduate Research Assistants – 3 Project Coordinators (3 at 0.50 FTE). These 3 graduate students with tuition waiver to assist with IRB applications; interview/focus group data collection and analysis; preparing data for reports and dissemination, including manuscript publication and conference presentations; and coordination of evaluation activities with the 17 programs. Evaluation Coordinators serve as the point of contact for sites, and actively assist Dr. Marshall in training to other research staff and coordinating travel.
- 1 OPS Research Assistant (0.50 FTE) to assist with data collection, checking transcripts for accuracy, analysis, and developing reports and presentations.

#### **SUPPLIES**

- Computers - desktop/monitors for analysis, laptop for on-site data collection
- Materials/Supplies – recorders and materials (evaluation results packets, flip charts, etc.) for focus groups and interviews
- Printing copies and postage for implementation of focus groups, and reporting/dissemination

#### **TRAVEL**

- Travel to conduct interviews in communities (17 sites, 5 regions) for focus groups.
- Travel for faculty, staff, and student conference presentations, participation, and training, or consultation with father involvement experts (e.g., American Public Health Association National Meeting, American Evaluation Association, etc.).
- Travel for participation in required MIECHV meetings (e.g., National and Regional MIECHV grantee meetings, National Home Visiting Summit, CQI learning sessions, etc.)

#### **FRINGE BENEFITS**

- Fringe benefits are calculated at 18.00% of requested salary dollars and include: FICA, Medicare, workers compensation, unemployment compensation, retirement and terminal leave pool. In addition, health insurance is calculated as follows: Individual coverage-\$685/month; Family coverage-\$1,530/month; Spouse coverage-\$765/month based on actual coverage and prorated on percent FTE. Annual increases in health insurance (10%) are calculated.
- Fringe benefits for graduate students are calculated at 0.03% of requested salary support and include workers compensation, unemployment compensation and terminal leave pool. Graduate student health

insurance is calculated at \$2,410 per year. Annual increases in student health insurance (10%) are calculated.

- Fringe benefits for OPS employees are calculated at 1.75 % of requested salary support and include workers compensation, unemployment compensation and terminal leave pool.

#### OTHER DIRECT COSTS

##### Other Costs

##### Graduate Student Tuition

- Tuition for six Graduate Research Assistants for Fall 2019, Spring 2020, Summer 2020 semesters, \$348/credit hour, 24 credits x two full-time students, 12 credits x two part-time students, 9 credits for a part-time student and 7.5 credits for another part-time student.

##### Consultant Services

- Interview transcription: Interview recordings for participant interview transcription: \$1.29/minute x 90 minutes x 2 per site (x17 sites plus state team) will be sent to CiviCom ([www.civi.com](http://www.civi.com)) for transcription.

##### ADP/Computer services

- Data visualization and analysis software - MAXQDA qualitative analysis software 1 license, 2 computers = \$895, Adobe Illustrator, InDesign, stock photos ~\$800/year. IRB Fees
  - \$250

Direct Costs: \$181,818

Indirect Costs (10%): \$18,182(Calculated at 10% of TDC base)

Total Costs: \$200,000

## 5) Workplan Timeline)

<b>Milestones and Timelines</b>	<b>Apr 2019</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan 2019</b>	<b>Feb</b>	<b>Mar</b>
FAHSC /JMB//HRSA OPRE review and approve of evaluation plan	X	X	X									
Hold regular weekly or biweekly meetings with Research Assistants			X	X	X	X	X	X	X	X	X	X
Participate in State and Regional MIECHV meetings and workgroups	X	X	X	X	X	X	X	X	X	X	X	X
Conduct literature review on father involvement	X	X	X	X	X	X	X	X	X	X	X	X
Prepare focus group protocol and guide	X	X	X									
Recruit sites and state team for focus groups				X	X	X						
Conduct focus groups						X	X	X	X	X	X	X
Analyze results										X	X	X
<b>Milestones and Timelines</b>	<b>Apr 2020</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>						
Hold regular weekly or biweekly meetings with Research Assistants	X	X	X	X	X	X						
Participate in State and Regional MIECHV meetings and workgroups	X	X	X	X	X	X						
<b>Conduct literature review</b>	X	X	X	X	X	X						
Analyze results	X	X	X									
Report findings		X	X	X	X	X						
Prepare final reports for FAHSC/HRSA/JMB/OPRE				X	X	X						
Submit final report to FAHSC /JMB//HRSA OPRE							X	X	X			
FAHSC /JMB//HRSA OPRE review and approve evaluation plan										X	X	X

## Appendix A: Evaluation Publications, Reports and Presentations

### Publications

- Agu, N., Michael-Asalu, A., Ramakrishnan, R., Birriel, P. C., Balogun, O., Parish, A., Coulter, M., & Marshall, J. (Senior Author). (in press). Improving intimate partner violence services in home visiting: A multisite learning collaborative approach. *Journal of Social Service Research*
- 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. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.21737>
- Alitz, P., Geary, S., Birriel, P. C., Sayi, T., Ramakrishnan, R., Balogun, O., Salloum, A. & Marshall, J. (Senior Author) (2018). Work-related stressors among MIECHV home visitors: A qualitative study. *Maternal & Child Health Journal*, 22(Supplement 1), 62-39. Available at: <https://doi.org/10.1007/s10995-018-2536-8>
- 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, 34(6):531-540. doi:10.1111/phn.12315 Manuscripts in preparation:

### Reports

- Marshall, J.** (2018). A Mindfulness-Based Stress Reduction Intervention for Florida MIECHV Staff. Health Resources and Services Administration (HRSA). *HVImpact Newsletter*, 2(9). Available at: <https://hvimpact.wordpress.com/2018/03/08/self-care-as-a-retention-strategy/>
- Brady, C., **Marshall, J.**, Parish, A., Pelle, L., Ajisope, O., Cragun, D., Sayi, T., & Obioha, T. (2018). Developing, Testing & Scaling Coordinated Intake & Referral. AMCHP Innovation Station Promising Practice. Available at: <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/CIR.pdf>
- Marshall, J. (2018). A Mindfulness-Based Stress Reduction Intervention for Florida MIECHV Staff. Health Resources and Services Administration (HRSA). *HVImpact Newsletter*, 2(9). Available at: <https://hvimpact.wordpress.com/2018/03/08/self-care-as-a-retention-strategy/>
- Brady, C., Marshall, J., Parish, A., Pelle, L., Ajisope, O., Cragun, D., Sayi, T., & Obioha, T. (2018). Developing, Testing & Scaling Coordinated Intake & Referral. AMCHP Innovation Station Promising Practice. Available at: <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/CIR.pdf>
- Agu, N., Jean-Baptiste, E., Rojas, D., Balogun, O., Bello, T., Birriel, P., Ramakrishnan, R., Alitz, P., & Marshall J. (2018). Florida Maternal, Infant, and Early Childhood Home Visiting Program Evaluation: Journey Mapping Report.
- Sharon, V., Manani, P., Agu, N., & Marshall, J. (2018). Florida Maternal, Infant, and Early Childhood Home Visiting Initiative Evaluation: 2017 Alumni Interviews/Discussion Groups Summary.
- Rojas, D., Agu, N., Delva, J., Balogun, O., Sayi, T., Michael-Asalu, A., Ramakrishnan, R., Birriel, P., Jean-Baptiste, E., Ciceron, V., Sharon, V., Parra, C., & Marshall, J. (2018). Using Photovoice to Illustrate Engagement and Retention in the Florida Maternal, Infant, and Early Childhood Home Visiting Program.
- Balogun, O., Hailey, K., Agu, N., Bello, T., & Marshall, J. (2018). Housing Instability among Florida MIECHV Participants.
- Jean-Baptiste, E., Delva, J., Campos, A. & Marshall, J. (2017). Florida ECCS State and Local Travel Teams – Learning Session #1 Focus Group Summary Report.
- Michael-Asalu, A., Hailey, K., Delva, J., Jean-Baptiste, E., Birriel, P., Ajisope, O., Horwitz, C., Amoda, O., & Marshall, J. (2017). Baseline Individual and Organizational Readiness Assessment for Parental Mental Health Intervention Implementation among Florida MIECHV Program Staff.

- Sayi, T., Ajisope, O., Birriel, P., Ramakrishnan, R., Cragun, D., Vamos, C., & Marshall, J. (2017). Florida MIECHV Program Evaluation: Time 1 and Time 2 Results for the Coordinated Intake and Referral Initiative, 2016.
- Agu, N., Birriel, P., Balogun, O., Ajisope, O., Patil, A., Heeraman, C., & Marshall, J. (2017). Florida MIECHV Staff Perception of Engagement and Retention: 2016 Site Visit Report.
- Birriel, P., Hailey, K., Balogun, O., Shukla, R., Alitz, P., Jean-Baptiste, E., Michael-Asalu, A., & Marshall, J. (2016). MIECHV Participant Interviews Report: Florida MIECHV Program Evaluation.
- Birriel, P. C., Heeraman, C., Patil, A. B., Warren, A., & Marshall, J. (2016) Florida MIECHV State-Level Collaboration Report. Available at <http://flmiechv.com/what-we-do/measuring-results/>
- Alitz, P., Warren, A., Birriel, P. C., Balogun, O., Sayi, T., & Marshall, J. (2016). Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Program Evaluation: Coordinated Intake & Referral Learning Collaborative, Spring 2016. Available at <http://flmiechv.com/what-we-do/measuring-results/>
- Agu, N., Parish, A., Vitucci, J., Michael-Asalu, A., Balogun, O., Birriel, P. C., Sanon, R., Geary, S., Ramakrishnan, R., Jean-Baptiste, E., & Marshall, J. (2017). Florida Maternal, Infant, and Early Childhood Home Visiting Program Evaluation: Intimate Partner Violence Screening, Support, and Referral Learning Collaborative Report. Available at <http://flmiechv.com/what-we-do/measuring-results/>
- Michael-Asalu, A., Ramakrishnan, R., Olson, L. J., Warren, A., Birriel, P. C., & Marshall, J. (2016). Characteristics and Experiences of Adolescent Participants in the Florida Maternal, Infant, and Early Childhood Home Visiting Program. Available at <http://flmiechv.com/what-we-do/measuring-results/>
- Marshall, J., Birriel, P. C., Robinson, C., Warren, A., Alitz, P., & Ramakrishnan, R. (2016). 2015 MIECHV Program Staff Interviews Report. Available at <http://flmiechv.com/what-we-do/measuring-results/>
- Warren, A., Ramakrishnan, R., Birriel, P. C., Alitz, P., & Marshall, J. (2016). 2014-2015 Florida MIECHV Community Collaboration Report: PARTNER Tool Survey. Available at <http://flmiechv.com/what-we-do/measuring-results/>
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## **Presentations**

- Fross, M., Marshall, J., McMahon, A., Rojas, D., Agu, N. (2018). "Florida maternal, infant, and early childhood home visiting (MIECHV) baby's best sleep evaluation: Infant sleep through the lens of home visitors". American Public Health Association Annual Meeting. San Diego, CA.
- Balogun, O., Hailey, K., Bello, T., Agu, N., & Marshall, J. (2018). "Assessing housing instability among participants in the Florida Maternal, Infant, and Early Childhood Home Visiting Program". American Public Health Association Annual Meeting. San Diego, CA.
- Marshall, J., Bello, T., & Patil, A. B. (2018). "GIS mapping of unintentional injuries for children 0-4 years in Florida, 2014-2016 to inform prevention efforts for families served by Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program". American Public Health Association Annual Meeting. San Diego, CA.
- Stofan, J., Manani, P., Hailey, K., Birriel, P., & Marshall, J. (2018). "Post analysis individual and organizational readiness assessment for parental mental health intervention implementation in the Florida MIECHV program". American Public Health Association Annual Meeting. San Diego, CA.
- Fross, M., McMahon, A., Marshall, J., & Ciceron, V. (2018). "Florida's Maternal, Infant and Early Childhood Home Visiting baby's best sleep evaluation: Infant sleep among program participants". Association of Maternal and Child Health Programs Conference. Arlington, VA.
- Manani, P. A., Hailey, K. I., Birriel, P. C., & Marshall, J. (2018). "Post analysis individual and organizational readiness assessment for parental mental health intervention implementation among all Florida MIECHV program staff." USF Health Research Day: Tampa, FL. (*poster presentation*)
- Balogun, O., Agu, N., Birriel, P., Oluwatosin, A., Patil, A. B., & Marshall, J. (2017). "Facilitators and barriers to engagement and retention: The Florida Maternal, Infant, and Early Childhood Home Visiting program." American Public Health Association Annual Meeting. Atlanta, GA.
- Jean-Baptiste, E., Ramakrishnan, R., Birriel, P., Agu, N., Sayi, T., Balogun, O., Patil, A., & Marshall, J. (2017). "Walking in their footsteps: Assessing engagement and retention in the Florida Maternal, Infant, and Early Childhood Home Visiting program through Journey Mapping." American Public Health Association Annual Meeting. Atlanta, GA.
- Sayi, T., Oluwatosin, A., Ramakrishnan, R., Birriel, P., Vamos, C., Cragun, D., & Marshall, J. (2017). "Evaluation of the Florida Maternal, Infant, and Early Childhood Home Visiting program's coordinated intake and referral initiative learning collaborative." American Public Health Association Annual Meeting. Atlanta, GA.
- Hailey, K., Jean-Baptiste, E., Ramakrishnan, R., Birriel, P., Salloum, A., & Marshall, J. (2017). "Assessment of stress, coping, mindfulness, and quality of life prior to a mindfulness-based stress reduction intervention among home visiting staff." American Public Health Association Annual Meeting. Atlanta, GA.
- Michael-Asalu, A., Hailey, K., Horwitz, C., Jean-Baptiste, E., Birriel, P., Patil, A. B., & Marshall, J. (2017). "Parental mental health intervention implementation in the Florida MIECHV program: Baseline individual and organizational readiness assessment." American Public Health Association Annual Meeting. Atlanta, GA.
- Sayi, T., Birriel, P., Alitz, P., Balogun, O., & Marshall, J. (2017). "A learning collaborative for the Florida Maternal, Infant, and Early Childhood Home Visiting program's coordinated intake and referral initiative," poster presentation. Annual Chiles Lecture and Symposium. Tampa, FL.
- Balogun, O. O., Birriel, P. C., Agu, N., Amoda, O., Oluwatosin, A., Patil, A., & Marshall, J. (2017). "Staff perception of engagement and retention in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program," poster presentation. Annual Chiles Lecture and Symposium. Tampa, FL.
- Michael-Asalu, A., Hailey, K., Horwitz, C., Jean-Baptiste, E., Birriel, P., & Marshall, J. (2017). "Baseline individual and organizational readiness assessment for parental mental health intervention implementation among all Florida MIECHV program staff," poster presentation. Annual Chiles Lecture and Symposium. Tampa, FL.

- Sayi, T., Birriel, P. C., Alitz, P., Balogun, O. O., & Marshall, J. (2017). "A learning collaborative for the Florida Maternal, Infant, and Early Childhood Home Visiting program's coordinated intake and referral initiative," poster presentation. USF Health Research Day. Tampa, FL.
- Balogun, O. O., Birriel, P. C., Agu, N., Amoda, O., Oluwatosin, A., Patil, A., & Marshall, J. (2017). "Staff perception of engagement and retention in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program," poster presentation. USF Health Research Day. Tampa, FL.
- Hailey, K., Jean-Baptiste, E., Birriel, P., Michael-Asalu, A., & Marshall, J. (2017). "Assessing stress, coping, and mindfulness among home visiting staff in the Florida Maternal, Infant, and Early Childhood Home Visiting program," poster presentation. USF Health Research Day. Tampa, FL.
- Jean-Baptiste, E., Ramakrishnan, R., Birriel, P. C., Patil, A., Agu, N., & Marshall, J. (2017). "Walking in their shoes: The Florida MIECHV experience," poster presentation. USF Health Research Day. Tampa, FL.
- Michael-Asalu, A., Hailey, K., Horwitz, C., Jean-Baptiste, E., Birriel, P., & Marshall, J. (2017). "Baseline individual and organizational readiness assessment for parental mental health intervention implementation among all Florida MIECHV program staff," poster presentation. USF Health Research Day. Tampa, FL.
- Goldberg, J., Baumann, C., Lichter, E. Colon, M., & Marshall, J. (2016). "Tangled webs: Situating home visiting within early childhood systems," oral presentation. Sixth National Summit on Quality in Home Visiting Programs. Arlington, VA.
- Alitz, P., Birriel, P. C., Ramakrishnan, R., Robinson, C., & Marshall, J. (2016). "Staff stress and burnout in the Florida Maternal, Infant, and Early Childhood Home Visiting program: A qualitative study," roundtable presentation. APHA Annual Meeting. Denver, CO.
- Agu, N., Birriel, P., Alitz, P., Ramakrishnan, R., Jean-Baptiste, E., Michael-Asalu, A., Sanon, R., Parish, A., & Marshall, J. (2016). "Examining a comprehensive approach to intimate partner violence in the Florida Maternal, Infant, and Early Childhood Home Visiting program," poster presentation. APHA Annual Meeting. Denver, CO.
- Jean-Baptiste, E., Volpe, S., Birriel, P. C., Defay, P., Michael-Asalu, A., & Marshall, J. (2016). "Is health insurance enough? Understanding primary healthcare utilization among women enrolled in the Florida Maternal, Infant and Early Child Home Visiting (MIECHV) program," oral presentation. APHA Annual Meeting. Denver, CO.
- Geary, S., Ramakrishnan, R., Birriel, P. C., & Marshall, J. (2016). "Exposure to violence and birth outcomes among participants in the Florida Maternal, Infant, and Early Childhood Home Visiting Initiative," oral presentation. APHA Annual Meeting. Denver, CO.
- Birriel, P., Ramakrishnan, R., Warren, A., Geary, S., & Marshall, J. (2016). "Association between sociodemographic characteristics and breastfeeding among participants in the Florida Maternal, Infant, and Early Childhood Home Visiting program," poster presentation. Florida Public Health Association Annual Meeting. Orlando, FL.
- Birriel, P., Shukla, R., Hailey, K., Sanon, R., Jean-Baptiste, E., Michael-Asalu, A., Warren, A., & Marshall, J. (2016). "Measuring perceived neighborhood safety among participants enrolled in the Florida MIECHV program," poster presentation. Florida Public Health Association Annual Meeting. Orlando, FL.
- Geary, S., Ramakrishnan, R., Warren, A., & Marshall, J. (2016). "Decision tree analysis of intimate partner violence amongst Florida Maternal, Infant, and Early Childhood Home Visiting Program participants," poster presentation. Florida Public Health Association Annual Meeting. Orlando, FL.
- Marshall, J., Birriel, P. A., Agu, N., Vitucci, J., Parish, A., & Brady, C. (2016). "Improving the quality of home visitors' screening and support for mothers experiencing intimate partner violence in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program," poster presentation. The 5th Annual Florida Perinatal Quality Collaborative Conference. Tampa, FL.
- Birriel, P., Agu, N., Marshall, J., Alitz, P., Ramakrishnan, R., Jean-Baptiste, E., Volpe, S., Dolar, L., Michael-Asalu, A., & Sanon, R. (2016). "Intimate partner violence service delivery in the Florida

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- Birriel, P., Davis, S., Olson, L. J., Ramakrishnan, R., Robinson, C., Morgan, S., Dolar, L., Rainford, D., Baker, E., & Marshall, J. (2015). “Barriers to service utilization among immigrant families participating in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program,” oral presentation. APHA Annual Meeting. Chicago, IL.
- Defay, P., Jean-Baptiste, E., Birriel, P., Olson, L. J., Volpe, S., & Marshall, J. (2015). “Assessing women's healthcare access needs through the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program evaluation,” poster presentation. APHA Annual Meeting. Chicago, IL.
- Ramakrishnan, R., Birriel, P., Alitz, P., & Marshall, J. (2015). “Visualizing the Florida Maternal, Infant, and Early Childhood Home Visiting program with progressive statistical software,” poster presentation. The First 1000 Days: Florida Home Visiting Summit. West Palm Beach, FL.
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Florida  
Maternal Infant & Early Childhood  
Home Visiting Initiative



## Appendix B: DRAFT Focus Group Guide

### MIECHV Staff Focus Group Guide

Hello, my name is \_\_\_\_\_ [insert name], and I am a \_\_\_\_\_ [insert role] at the University of South Florida. As part of our statewide evaluation of father and male involvement conducted in partnership with MIECHV, the USF evaluation team is gathering information from home visitors. First, I would like to begin by thanking you all for taking the time to speak to us. We know that father involvement is a very important topic, which may need to be promoted with numerous strategies. So today we are going to ask you about your experiences with your clients and male involvement within MIECHV.

**For the purposes of this evaluation, fathers include any male – biological father or otherwise – assuming the role of father-figure to an infant or child enrolled in the MIECHV program.**

If it is okay with you, we would like to record this conversation to make sure we do not forget or miss out on anything you say. Is that okay with you?

We would like to share the names of counties/programs that participated in the focus groups, but there will be no personal identifiers collected or released.

*Again, I would like to thank you for taking the time to talk with us, to start....*

#### **Introduction (Ice Breakers)**

1. Can you please share your role/job title within MIECHV and which site are you presently working with?
2. Let's start with defining father involvement and father engagement in MIECHV (FLIP CHART activity)

#### **Population**

3. In your community, are there any particular populations more inclined for father participation within MIECHV?
  - a. Have you noticed or become aware of any particular trends influencing paternal participation/male involvement? (e.g., younger parents, cultural preferences, etc.)
  - b. Are there any specific characteristics that increase the likelihood of paternal participation?

*Next can you describe....*

### **Current Intervention**

4. How common is father/male involvement participation during home visits?
  - a. How consistent is male/father participation during home visits? What is the common involvement duration?
5. How is father involvement measured during home visits?
  - a. Are fathers encouraged to meet the same measures as mothers?
6. What do you do to encourage father participation during home visits? What is your site doing to encourage father participation?
  - a. Do you know of any specific ways fathers prefer to engage in the program?
7. Are there any specific activities that you have conducted to increase father engagement?
  - a. If so, complete LOGIC MODEL

### **\*\*\*For Administrators**

8. Does your site measure engagement and retention for fathers during home visits?
  - a. If yes, how is this measured? \_\_\_\_\_
9. Approximately, how many fathers are currently engaged in home visiting at your site?
10. Does your site have a specific curriculum for fathers during home visits?
11. Does your site have specific resources available to fathers?

### **Behavior**

12. What can you tell us about some of the challenges you have encountered with father participation during home visits?
  - a. If fathers are reluctant to participate, what are the reasons they state?

In your experience, how does father involvement in MIECHV home visiting influence overall family engagement in the program and its impact on mother, child, and family health and wellbeing?"

13. Given the opportunity, would you change how fatherhood/male involvement is approached within home visiting? If so, in what way?
14. Do you have any additional comments or concerns regarding male/father involvement in your community?

*Lastly, we are going to ask you to complete the demographic form. Thank you again for participating!*