University of South Florida
Florida MIECHV Evaluation Team

Florida MIECHV Evaluation: 2014 Program Participant Interviews for Cohort 1

Marshall, J., Birriel, P. C., Olson, L., Baker, E., Estefan, L. F., and the USF Florida MIECHV Evaluation Team

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

Methods

The MIECHV Program Evaluation team conducted in-depth, semi-structured phone interviews with English- and Spanish-speaking home visiting participants from the five initially funded programs. Each family received a flyer from their home visitor with a short description of the evaluation, the contact information for the MIECHV Evaluation Team, and a notice that participants would receive a $25 Walmart gift card for their participation. Those interested set up a phone interview during a time that was most convenient for them. Interviews were conducted with the family member who self-identified as the primary caregiver of a child enrolled in the MIECHV Program. During interviews, participants were asked a series of questions relating to their perceptions of their home visiting experience, including: (1) the types of referrals they receive, (2) what parts of the home visits are most helpful to them, (3) what their relationship is like with their home visitor, and (4) how home visiting lessons and activities are utilized in their daily life.

Phone interviews lasted approximately 20 minutes, were digitally recorded, and professionally transcribed verbatim. The recordings and transcripts were simultaneously reviewed by evaluation staff to ensure accuracy. As a team, the MIECHV Evaluators then performed a preliminary content analysis of interview data, producing a thematic review and short summary of preliminary findings (presented here). Self-reported demographic information was also recorded and entered into Qualtrics survey software. Qualitative analytic methods include using Atlas.ti, a qualitative data analysis software, and a hybrid approach of a priori coding.

The *a priori* codebook contains initial codes based on the questions and topics in the interview guide, and emergent codes are added to the codebook as appropriate. Data analysis uses the constant comparative method. Two researchers are independently code each transcript until an appropriate level of agreement is reached. This systematic qualitative analysis is currently in progress.

Participants

The five initially funded programs include six Florida counties: Alachua, Bradford, Duval, Escambia, Pinellas, and Putnam. Seven to ten participants from each program were interviewed, totaling 45 interviews. The majority of participants were female (96%), single (71%), under the age of 25 (53%), unemployed but job searching (40%), and did not have a college degree (22% less than high school, 36% high school diploma). Most participants identified their race as Black (44%) or White (40%) and 13% identified as Hispanic.

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

Preliminary Results

How did you get involved with the home visiting program?

The majority of participants said they were referred to the program through their doctors' offices. This is likely a reflection of the universal screening that Florida conducts on all pregnant women, and the local triage and referral systems that follow risk screening. Other participants learned about the home visiting program from family or friends or were referred during participation in another public program, such as Healthy Start and/or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Also, a few participants heard about the program (1) through advertisements, (2) during a hospital stay, or (3) from other agencies, such as the Health Department or the Department of Children and Families.

What generally happens during a home visit?

Participants provided rich descriptions of their home visits. These descriptions varied widely and were program specific. For example, some programs offered home visiting during pregnancy, while others did not. Likewise, some met on a weekly basis with their home visitor, while others met biweekly. Some participants also reported having more than one home visitor during their participation in the program, while others only had one.

In general, most participants described their first visit, where home visitors focused on getting to know them and their family. During the following visits, participants reported that their home visitors covered a range of topics from pregnancy to birth to developmental milestones through toddlerhood. For example, for those participants who entered a home visiting program during pregnancy, many reported that their home visitor reviewed topics such as what to expect during the first, second, and third trimesters and first-time motherhood. Most in this group also reported that their home visitors helped track their health during their pregnancy. For those who already had children, participants reported learning how to incorporate their older children into activities. Participants particularly appreciated the opportunity to ask questions and to have some control over the topics being discussed. For example, many reported having the opportunity to pick out the topic of discussion for their next visit (e.g., child safety).

Participants also reported receiving a number of informational materials, including pamphlets, worksheets, and other handouts. Some had the opportunity to watch videos, and most reported engaging in a number of hands-on activities, including games.

Participants discussed receiving emotional support and assistance with goal setting (e.g., finishing school, losing weight, and finding employment) from home visitors. Home visitors were often referred to as "life coaches," "mentors," and "instructors." They were also described as friendly, full of wisdom, and experienced. Likewise, most participants reported receiving needed tangible items from their home visitors, such as baby food/formula, diapers, toys, and books.

Participants also mentioned receiving community referrals and information about community events.. For example, participants discussed receiving help with enrolling their child in school, finding employment, identifying health professionals, and accessing other resources/services for themselves or family members. A couple of participants stated that they usually end each home visiting session by setting goals collaboratively for the child or the parent. They also determine ways to successfully attain goals which the home visitor tracks through progress assessments. Participants also mentioned that they found the information they receive very educational, particularly bed safety (safe sleeping), feeding, having patience and better parenting.

Who is present?

During home visits, most participants were alone with their child. If any other family member was involved, it was usually the participant's fiancé/husband and/or the child's father. Their participation ranged from being fully involved to sitting nearby and listening to being present but completely disengaged (e.g. on the phone throughout the visit). Of the fathers participating, many used this time to ask questions and to learn how to be more involved. The participants' mothers were also sometimes present. While some were helpful (e.g., explained concepts that the nurse could not convey adequately), others were bothersome and "took over" the visit, and others were disengaged.

Family members, including sisters, significant others, and other children, and seemed to participate about the same across the counties. Those who were outside of the immediate family, or from the significant others' family, were reported to be considerably more enthusiastic about participating and being involved in the home visiting activities than the immediate family, though their involvement was based more on the chance that they were already there when a visit occurred or they happened to walk in on one already in progress.

What other activities or discussions are part of the home visit?

Topics (listed here from most prevalent to least) covered during the home visits were not always specific to just the mother or child (i.e., included both or other family members). Topics specific to the mother included: changes during pregnancy, mother's health, breastfeeding, interaction with child, personal support (i.e., emotional, mental, and social), and parenting techniques. The discussions of health included nutrition, physical activity, and addressing specific health needs or concerns of the mother. Topics related to the child were more frequently discussed than those pertaining to the mother. Those topics include: child development, learning (with an emphasis on reading and safety) (i.e., baby-proofing and safe sleep), and health. When discussing development with a mother, the home visitor included activities for the child, such as ways to improve motor skills and introducing tummy time. Home visitors also conducted height and weight checks, provided limited medical advice, and followed up on doctors' appointments the child may have had since the last visit. Other activities included arts and crafts, mother-child bonding, and involvement of other family members, including any other children.

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

Generally, components of the home visits reported most helpful to participants can be categorized under emotional support, maternal education, resources, childhood learning and development, goal setting, and convenience.

Aspects of the home visits reported to be most helpful (listed from left to right, most prevalent to least):

Emotional Support	Maternal Education	Resources	Childhood Learning & Development	Goal Setting	Convenience
● The home visitors being personable, relatable, and easy to talk to ● The home visitors giving advice and support about other parts of life besides the child/ pregnancy ● Stress management ● Allows mom to spend one-on-one time with child	● Lessons on safety, parenting techniques, breastfeeding, and how to interact and communicate with child ● Material is a good reminder of some things that may be more common sense ● Covering new topics each visit	● Providing formula or diapers when needed ● Referrals for food, clothes, or job opportunities ● Referrals for other services ● Information packets ● Referrals to education classes at other organizations	● Maternal and childhood nutrition advice to help child's development ● Learning which stages of development are appropriate at specific ages ● Learning age-appropriate activities to help development	● Goal setting for the child, mother, and family ● Setting goals for the different stages of pregnancy and checking in on progress ● Encouragement to stay focused on goals	● Helpful that the home visitor will come to the house ● Home visitor will meet anywhere ● Home visitor is on time

Generally, participants stated that all aspects of the home visits were helpful. Therefore, no part was considered to be "least helpful." However, the most common complaint was that some of the information provided by the home visitors was repetitive and not helpful since it covered a topic that the mother already knew about (i.e., reviewing first trimester information when the participants was in her second trimester). Other aspects of home visiting that were reported to be least helpful include: going over developmental activities that the child could already do, providing lessons that overlapped with other organization's lessons (i.e., daycare), having no resources for immediate assistance, and providing specific referrals that were out-of-date (i.e., "hot jobs list").

"I would definitely want them to know that it makes you feel comfortable about being pregnant because I know when I was pregnant, I would say because I was in high school still and the lady, she helped me have confidence in myself like I'm not the only one and I can do it even though I'm young or whatever."

The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

Service Referrals

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

The number of services available and referrals received and utilized varied widely. Most participants received a list of resources upfront. One participant said, "*Any number you would want is on this paper.*" They also received referrals based on needs that came up in conversations during the home visit. Typically, the home visitor would learn of a need and provide a referral on the spot or at the next visit. Many services/resources were provided directly (the home visitor would bring the item directly to the parent). For example, one home visitor took a family to the grocery store and bought them groceries.

Participants also mentioned that their home visitor facilitated referrals by calling to follow up, bringing the paperwork to the family's home and helping them to complete it, or bringing a laptop to the family's home to help them enroll for services online. Most families utilized the services that they were referred to, found them helpful, and could not think of additional services they would have needed but had not received. In some areas, participants reported that they would like to have access to childbirth and new mother classes, bus passes, rent and utilities assistance, diapers, education for the mother, children's books, and child care. Some participants stated that they had not utilized a resource, because they "haven't needed it yet." One participant compared how her DCF worker provided resources directly (vouchers, bus passes, etc.), while her home visitor only provided telephone numbers for agencies that she could have found on her own by calling 2-1-1 and that had limited availability due to the high need in the general community.

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

Basic needs	Health-related services	Mental health resources	Other
● Clothes for parent and child x5 ● Housing x6 ● Utilities (water, power bill) x6 ● Food bank x3 ● Food stamps x3 ● WIC ● Baby shower ● Diapers	● Birth control "child planning" ● Breastfeeding class ● Smoking cessation ● Healthier diet options ● Health insurance/clinic for boyfriend ● Dental care for mom and Fiancé	● Counseling for mother ● Behavioral support for child ● Counseling for child's older sibling ● Mentoring/support for graduates (alumni) ● Counseling x3	● Child care x8, including RCMA for migrant workers ● Car or bus passes x5 ● Education for mother x2 ● Employment ● Car seat (safety class) ● Stroller ● Child support ● School supplies ● Kiddy cash (earned after HV) ● Map of the area

University of South Florida
Florida MIECHV Evaluation Team

Participation in the MIECHV Home Visiting Program

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

Generally, most women voiced thanks for the informational support each program provided. However, the relationships (i.e., emotional support) that participants formed with their home visitors seemed to mean the most to participants. When asked, "What does the home visiting program mean to you and your family," participants said:

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

"To me, it honestly means, to me it kind of equals a better relationship with my children, a better calm in my house, a better home space happy environment."

For some first-time moms, in particular, it gave them the hope and reassurance that they needed:

"It meant a lot when I was pregnant because that was the first time I was honestly scared. And I was worried about how things are going to be as a mother. I knew I wasn't going to be a bad mother but I wasn't ready. So that helped me keep going, stay motivated and be happy about it all."

"Part of it is a sense of…stability that I know I'm going to meet with her…I know that she's coming…she's stable and the program has given me the stability that the baby's coming and it's going to be okay and there are things out there – there are organizations out there that can help me if I need it."

For more information, please contact:

Jennifer Marshall, PhD, MPH
Research Assistant Professor
University of South Florida College of Public Health
Department of Community & Family Health
(813) 396-2672

MIECHV Evaluation Team

Dr. Jennifer Marshall
Pam Birriel
Leandra Olson
Rema Ramakrishnan
Deviquea Rainford
Suen Morgan
Oluyemisi Aderomilehin
Chantell Robinson
Loreal Dolar
Dr. Elizabeth Baker
Dr. Lana Yampolskaya
Dr. Sheri Eisert
Dr. Bill Sappenfield
Dr. Marti Coulter

our practice is our passion.
University of South Florida
College of Public Health